

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING

Please list prescriptions and over-the-counter medications (ex: aspirin, antacids) and herbals (ex: ginseng, ginkgo). Make sure you include medications that you are taking routinely and "as needed."

| Name of prescription, Over-the-counter medication, vitamins/supplements & dose | How Often You Take | Reason For Taking |
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Update this form whenever you have a change of medication or medical history.

Keep a copy of this form in your File of Life magnetic packet, which should be placed on your refrigerator. A copy of this form also should be kept in your wallet or purse in case of emergency. For additional copies of this form or to receive a new magnetic packet, please contact Beebe Medical Center's Community Relations Dept. at 302-645-3468. This form can also be obtained and filled out online at www.beebemed.org.

EMERGENCY MEDICAL INFORMATION



In cooperation with: Sussex County Sheriff's Dept.,
Sussex County Senior Services, Local Vol. Fire
and Ambulance Companies, & Delaware State Police
(Use your computer to complete this section)

Beebe
Medical
Center

Date Updated:

Name:

Address:

Sex: Male / Female Date of Birth:

Primary Care Doctor:

Phone #:

Preferred Pharmacy:

Phone #:

Medical Insurance Co.:

Policy #:

Other Medical Insurance:

Policy #:

Medicare / Medicaid:

Policy #:

Living Will: Yes / No

Health Care Power of Attorney: Yes / No

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

MEDICAL DATA

Recent Surgeries/Hospitalizations: Date:

(over)

Tear on perforation and insert your updated File of Life form into your magnetic pocket.

