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

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:								
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.

MEDICAL CONDITIONS

(check all that apply)

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.

	_					(Use pend	cil on this form	to allow for easy changi
HEART DISEASE	L	UNG DISEASE		KIDNEY DISEASE		(505 pss		To allow to easy change
CHF/Heart Failure		COPD/Emphysema		Failure			Date	Updated:
High Blood Pressure		Asthma		Insufficiency	Name			
Low Blood Pressure	L	Fibrosis		Dialysis	Name:			
High Cholesterol	Ļ	Pneumonia	L	Kidney Stones	Address:_			
Irregular Heart Beat	L	Bronchitis	L	Infections	Sev. Mal	le / Female	Date of Bi	eth
Pacemaker	╚	Shortness of Breath			SCX. Mai	ic / Female	Date of bi	<u> </u>
Heart Attack		Coughing			Primary C	are Doctor:		
Angina or Chest Pain		Lung Pain			Phone #:			
Heart Surgery/ ByPass/Stent						Pharmacy:		
STOMACH DISEASE		EUROLOGICAL DISEASE		MALIGNANCY/ CANCER	Phone #:			
Bowel Obstruction		Stroke		Lung	Modical Is			
Bleeding	F	Bleeding in Brain		Liver	Medical If	nsurance Co.:		
Diverticulitis		Seizures		Breast		Policy #:		
Hiatal Hernia		Multiple Sclerosis		Stomach	Othor Mo	dical Insuranc	201	
GERD/Reflux		Parkinson		Leukemia	Other Me	uicai iiisuraiic	.с.	
Diarrhea		Headaches		Colon		Policy #:		
Blood in Stools		Alzheimers or		Skin	Medicare	/ Medicaid:		
		Memory Loss	L	Other:	Wedicare	/ Medicaid		
ENDOCRINE DISEASE	O	THER				Policy #:		
Diabetes		Arthritis		Vision	MI	EDICINE A	LLERGIES/	REACTIONS (describe
Th <u>yro</u> id:	╁	Back Problem		Problems	_			
High	T	HIV		Other	Drug:			Reaction:
Low		Sickle Cell						
		Weight Gain						
		Weight Loss						<u> </u>
<u>'</u>		LLERGIES	!		' <u> </u>			
_	(0	check all that apply)						
Aspirin	╙	Laytex		Tetracycline				
Barbiturates	- □	Lidocaine		X-Ray Dye				
Codeine	Ļ	Morphine		No Known Allergy				
Demerol	╬	Novocain		Other:				
Insect Stings	╬	Penicillin						
Horse Serum or	L	Sulfa						
Vaccines								
Update this form 1	wh	enever you have	a	change				
of medication or n				-				
Keep a copy of this form in								
be placed on your refrigeral wallet or purse in case of ϵ								

UNIVERSAL MEDICATION FORM

reaction)

