

Please fill out this form and insert it into the Vial of Life Tube in a visible spot on the top shelf of your refrigerator. The sticker should be affixed to your refrigerator door. If the medication changes at any time, please call the Greenland Police Department at 603-431-4624 for an additional medical information form. **Attach a Current Photograph for Identification.**

Date filled out _____ **Updated** _____

Name _____

Address _____

Phone _____ Birthdate _____

Male _____ Female _____ Religion _____

Social Security # _____

Physician _____

Physician's Phone _____

Preferred Hospital _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Address _____

Day Phone _____

Night Phone _____

Relation _____

INSURANCE COVERAGE

Medicare # _____

Medicaid # _____

Other Insurance/HMO _____

Policy # _____

HEALTH INFORMATION

Allergies to: _____

Medications _____

Other Allergies _____

Other information helpful in a medical emergency

Location of Information

Signed organ donor card: Yes _____ No _____

Living Will? Yes _____ No _____

CURRENT: MEDICATIONS

Name _____
Dosage _____
Frequency _____
Where to Locate _____

CURRENT: MEDICATIONS

Name _____
Dosage _____
Frequency _____
Where to Locate _____

Name _____
Dosage _____
Frequency _____
Where to Locate _____

Name _____
Dosage _____
Frequency _____
Where to Locate _____

Name _____
Dosage _____
Frequency _____
Where to Locate _____

Blood Type _____

Pacemaker? Yes No **Model** _____

Distinguishing Features _____

Glasses _____ **Hearing Aid** _____

Dentures _____

Ever been treated for: **Comments**

Heart Disease Yes No _____

Rheumatic Fever Yes No _____

Blood Pressure Yes No _____

Ulcers Yes No _____

Tuberculosis/Lung Disease Yes No _____

Emphysema or COPD Yes No _____

Diabetes Yes No _____

Epilepsy Yes No _____

Anemia	Yes	_____	No	_____
Parkinson's Disease	Yes	_____	No	_____
Nervous Disorder	Yes	_____	No	_____
Jaundice	Yes	_____	No	_____
Asthma or Hay Fever	Yes	_____	No	_____
Hepatitis	Yes	_____	No	_____
Stroke	Yes	_____	No	_____
Glaucoma	Yes	_____	No	_____
Prosthesis (artificial limb)	Yes	_____	No	_____
Broken Bones	Yes	_____	No	_____
Which Bones?		_____	Date	_____