CLARENDON ADULT DAY CENTER, LLC
EMERGENCY MEDICAL INFORMATION

Date Updated: _____

Name: _____

Address: _____

_____

Sex: O Male O Female

Date of Birth: _____

Primary Care Physician: _____

Physician phone #: _____

Preferred pharmacy: _____

Pharmacy phone #: _____

Medical Insurance Co.:

_____

Policy #: _____

Medicare Policy #: _____

Medicaid Policy #: _____

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Living will: O Yes O No

Health Care Power of Attorney: O Yes O No

Name of health Care Power of Attorney: _____

Address: _____

_____

Phone #: _____

EMERGENCY CONTACT

1. **Name:** _____

   Phone #: _____

   Address: _____

   _____

2. **Name:** _____

   Phone #: _____

   Address: _____

   _____

CLARENDON ADULT DAY CENTER, LLC
EMERGENCY MEDICAL INFORMATION

MEDICAL DATA

RECENT SURGERIES/ HOSPITALIZATIONS: _____

_____

_____

EMERGENCY MEDICAL INFORMATION

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: *List all prescriptions and over-the-counter medications (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

Clarendon
Adult Day Center for Seniors

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MEDICAL CONDITIONS *(please check all that apply)*

HEART DISEASE	**LUNG DISEASE**	**KIDNEY DISEASE**
☐ CHF/ Heart Failure	☐ COPD/Emphysema	☐ Failure
☐ High Blood Pressure	☐ Asthma	☐ Insufficiency
☐ Low Blood Pressure	☐ Fibrosis	☐ Dialysis
☐ High Cholesterol		☐ Kidney Stones
☐ Irregular Heart Beat	☐ Pneumonia	☐ Infections
☐ Pacemaker	☐ Bronchitis	
☐ Heart Attack	☐ Shortness of Breath	
☐ Angina or Chest Pain	☐ Coughing	
☐ Heart Surgery/ By Pass Stent	☐ Lung Pain	
STOMACH DISEASE	**NEUROLOGICAL DISEASE**	**MALIGNANCY/ CANCER**
☐ Bowel Obstruction	☐ Stroke	☐ Lung
☐ Bleeding	☐ Bleeding in Brain	☐ Liver
☐ Diverticulitis	☐ Seizures	☐ Breast
☐ Hiatal Hernia	☐ Multiple Sclerosis	☐ Stomach
☐ GERD/ Reflux	☐ Parkinson	☐ Leukemia
☐ Diarrhea	☐ Headaches	☐ Colon
☐ Blood in Stools	☐ Alzheimer's or Memory Loss	☐ Skin
	Post Cerebral Vascular Accident (CVA)	☐ Other: _____
ENDOCRINE DISEASE	**OTHER**	
☐ Diabetes	☐ Arthritis	☐ Vision
☐ Thyroid	☐ Back Problem	☐ Problems
☐ High	☐ HIV	☐ Other: _____
☐ Low	☐ Sickle Cell	
	☐ Weight Gain	
	☐ Weight Loss	

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ALLERGIES *(please check all that apply)*

☐ Aspirin	☐ Laytex	☐ Tetracycline
☐ Barbiturates	☐ Lidocaine	☐ X-Ray Dye
☐ Codeine	☐ Morphine	☐ No Known Allergy
☐ Demerol	☐ Novocain	☐ Other
☐ Insect Stings	☐ Penicillin	
☐ Horse Serum	☐ Sulfa	
☐ Vaccines		

MEDICINE ALLERGIES/ REACTIONS (describe reaction)

Drug	Reaction

Update this form whenever you have a change of medication or medical history.