

Date Completed _____

EMERGENCY INFORMATION

Name: _____ SS #: _____ DOB: _____

Emergency Contacts

Family Contact - Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Relationship: _____

Parish Contact - Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Relationship: _____

Deanery Contact - Dean: _____ Home Phone: _____ Work Phone: _____

Diocese Contacts – Vicar General: Very Rev. Thom Hennen, Sacred Heart Cathedral: 563-324-3257; Diocese: 563-888-4363

Chief of Staff: Deacon David Montgomery, 563-888-4222

Medical Data

Last Updated - Month: _____ Year: _____ Blood Type: _____

Primary Physician – Name: _____ Phone: _____

Other Physicians – Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

Special Medical Conditions/Remarks

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
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Medical Conditions – Allergies: _____

Medication Allergies: _____

Med. Ins. Company: _____ Policy Number: _____

Other Med. Ins. Company: _____ Policy Number: _____

Medicaid Number: _____ Medicare Number: _____

Living Will on file at: _____

Health Care Proxy Name: _____ Phone: _____ On File At: _____

Organ Donor: YES _____ NO _____

Medical Conditions – Check All That Exist

<input type="checkbox"/> No known medical conditions	<input type="checkbox"/> Abnormal EKG	<input type="checkbox"/> Adrenal Insufficiency
<input type="checkbox"/> Angina	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Cardiac Dysrhythmia	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Clotting Disorder
<input type="checkbox"/> Coronary Bypass Graft	<input type="checkbox"/> Dementia __ Alzheimer's	<input type="checkbox"/> Diabetes/Insulin Dependent
<input type="checkbox"/> Eye Surgery	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Hemolytic Anemia	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Laryngectomy	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Lymphomas	<input type="checkbox"/> Malignant Hypothermia	<input type="checkbox"/> Memory Impaired
<input type="checkbox"/> Myasthenia Gravis	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Renal Failure
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Sick Cell Anemia	<input type="checkbox"/> Stroke
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Implanted Defibrillator	<input type="checkbox"/> Other _____

(Return original to Office of the Bishop, give a copy to your Dean and to your parish contact person, and keep a personal copy where it can be easily accessed.)

Rev. July 2020