

# LIFECARD™ Form

## LifeCall “Safe At Home” Program

### Contact Information

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Family Physician: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Do Not Resuscitate (DNR) Order:  YES  NO

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
NAME _____	NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____	RELATIONSHIP _____
HOME PHONE _____	HOME PHONE _____	HOME PHONE _____
CELL PHONE _____	CELL PHONE _____	CELL PHONE _____
WORK PHONE _____	WORK PHONE _____	WORK PHONE _____

### Medical History (place a check mark by all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Heart Attack (last)          | <input type="checkbox"/> Stroke (last) | <input type="checkbox"/> Emphysema       |
| <input type="checkbox"/> High Blood Pressure          | <input type="checkbox"/> Angina        | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Congestive Heart Failure     | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Bleeding Ulcers |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Pacemaker     | <input type="checkbox"/> Osteoporosis    |
| <input type="checkbox"/> Implanted Defibrillator      | <input type="checkbox"/> Bronchitis    | <input type="checkbox"/> Use Oxygen      |
| <input type="checkbox"/> Other (please specify) _____ |  |  |

### Current Medication and Dosage (prescribed):

Write in or attach a current list of your medications from your pharmacy. Please update if your medications change.

### Allergies That You Have:

Once you have completed recording your medical history, place this form in the LIFECARD™ envelope provided and hang on the front of your refrigerator. PARAMEDICS NEED THIS INFORMATION IF YOU ARE UNABLE TO COMMUNICATE AT THE TIME OF THE EMERGENCY. To request additional LIFECARD™ “Safe At Home” medical information forms please email our office at [info@lifecall.com](mailto:info@lifecall.com) or visit [www.lifecall.com/lifecard](http://www.lifecall.com/lifecard)