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)

Medical 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:
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)

HEART DISEASE	LUNG DISEASE	KIDNEY DISEASE
CHF/Heart Failure	COPD/Emphysema	Failure
High Blood Pressure	Asthma	Insufficiency
Low Blood Pressure	Fibrosis	Dialysis
High Cholesterol	Pneumonia	Kidney Stones
Irregular Heart Beat	Bronchitis	Infections
Pacemaker	Shortness of Breath	
Heart Attack	Coughing	
Angina or Chest Pain	Lung Pain	
Heart Surgery/ ByPass/Stent		
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	Alzheimers or	Skin
	Memory Loss	Other:
ENDOCRINE DISEASE	OTHER	
Diabetes	Arthritis	Vision
Thyroid:	Back Problem	Problems
High	HIV	Other
Low	Sickle Cell	
	Weight Gain	
	Weight Loss	

ALLERGIES

(check all that apply)

Aspirin		Laytex	Tetracycline
Barbitur	rates	Lidocaine	X-Ray Dye
Codeine	:	Morphine	No Known Allergy
Demero	1	Novocain	Other:
Insect S	tings	Penicillin	
Horse Se	erum or	Sulfa	
Vaccine	s		

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.

UNIVERSAL MEDICATION FORM

(Use pencil on this form to allow for easy changing)

Date U ₁	odated:
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:	
MEDICINE ALLERGIES/RI	
Drug:	Reaction:
Drug:	Reaction:
	Reaction:

