

Senior Emergency Card

HUMANA
POINTS OF
CAREGIVING®

Home
Instead
SENIOR CARE®
To us, it's personal.

Name: _____

Address: _____

Date of Birth: _____

Male Female

EMERGENCY CONTACTS

Name: _____

Address: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Name: _____

Address: _____

Relation: _____

Home Phone: _____

Work Phone: _____

MEDICAL DATA

Last Updated: _____

Blood Type: _____

Doctor Name: _____

Phone: _____

Doctor Name: _____

Phone: _____

Medical Problem	Medication	Dosage	Frequency

Religion: _____

Do you have a living will? Yes No

On file at: _____

Do you have a healthcare proxy? Yes No

On file at: _____

Do you have a power of attorney? Yes No

On file at: _____

Do you have an EMS-NO CPR Directive
or DNR Form? Yes No

MEDICAL CONDITIONS CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Lymphomas |
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Memory Impaired |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Coronary Bypass Graft | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dementia | Allergies: |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> Diabetes/Insulin Dependent | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Barbiturate |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Demerol |
| <input type="checkbox"/> Heart Value Prosthesis | <input type="checkbox"/> Horse Serum |
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Hemolytic Anemia | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Hepatitis – Type _____ | <input type="checkbox"/> Lidocaine |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Novocaine |
| <input type="checkbox"/> Implantable Devices: | <input type="checkbox"/> Penicillin |
| _____ | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Laryngectomy | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> X-Rays Dyes |
| | <input type="checkbox"/> Environmental: |
| | _____ |
| | <input type="checkbox"/> Other: _____ |
| | _____ |

SeniorEmergencyKit.com
PointsofCaregiving.com

Call us toll-free at 1-877-260-7277 (TTY: 711).
We're available Monday through Friday, 8 a.m.
to 8 p.m. Eastern time.