Lifesaving Information For Emergencies

Keep this information updated. Place it in a visible location on your **refrigerator**.

For emergencies call **9-1-1**.

For non-emergencies, call the Washington County Sheriff's Office at **(651) 439-9381**.

Personal Information

Name:	DOB:
Address (Street, City, State, Zip):	Gender: Male Female
	Phone #:
Hospital Preferred:	Primary Language: English Spanish Hmong Somaali
Medical Insurance:	Insurance #:
Advanced Directive (DNR, POLST, Living Will, Power of Attorney): Yes No	
Doctor's Name:	Doctor's Phone #:

Emergency Contact Information

Name:	Phone#:
Name:	Phone#:

Medical History

Weight: _____lbs or _____kg	Height: _____ft _____in

Medical Conditions (check all that apply): ☐Stroke ☐ Heart/Cardiac ☐Dementia ☐Alzheimer's
☐COPD ☐Asthma ☐Emphysema ☐High Blood Pressure ☐Seizures

Other conditions (medical or surgical):
_____
_____
_____

Dialysis Schedule (please circle): Mon   Tues   Wed   Thurs   Fri   Sat   Sun   AM   PM
Dialysis Shunt: Left   Right   Both
Allergies:
_____
_____
_____

Medical Assistive Devices: Wheelchair   Cane   Walker   Hearing Device   Oxygen
Other:

Medications

Pharmacy:		Pharmacy Phone #:
Medication Name	**Dosage**	**Frequency**