LEE HEALTH

# ICE Medical and Contact Information

**Name (Person 1)** _____

**Home Address** _____

**Date form completed** _____ **Date updated** _____ **Phone** _____

**DOB** _____ **Sex M/F** _____

**SSN** _____ **Weight** _____

**Hospital preference** _____ **Religion** _____

**Doctor** _____ **Blood type** _____

**Language** _____

**Living Will Y N** _____ **Location** _____

## INSURANCE INFORMATION AND NUMBER

**Medicare** _____

**Medicaid** _____

**Other** _____

## MEDICAL INFORMATION

**Food/Drug allergies** _____

_____

## PRESCRIBED MEDICATIONS AND SUPPLEMENTS

| Name | Dosage | Times/Day | AM/PM |
|---|---|---|---|
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**Location of meds** _____

**Pharmacy** _____ **Date updated** _____

## MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| **Blind** | **Y N** | **L R B** | **Pacemaker** | **Y N** | |
| **Hearing aid** | **Y N** | **L R B** | **Glasses** | **Y N** | |
| **Dentures** | **Y N** | **L U B** | **Contacts** | **Y N** | |
| **Deaf** | **Y N** | **L R B** | **Dementia** | **Y N** | |
| **Mute** | **Y N** | | **Dialysis** | **Y N** | |
| **HIV/AIDS** | **Y N** | | **Diabetes** | **Y N** | |
| **Arthritis** | **Y N** | | **Epilepsy** | **Y N** | |
| **Cancer** | **Y N** | | **Glaucoma** | **Y N** | |
| **Stroke** | **Y N** | | **TB** | **Y N** | |

**Anemia Y N Type** _____

**Cardiac Y N Type** _____

**Hepatitis Y N Type** _____

**Respiratory Y N Type** _____

**Abnormal blood pressure Y N HI/LO** _____ / _____

**Are you an organ donor? Y N**

**Are you a caregiver? Y N**

**Do you pick someone up from school, daycare, etc.? Y N**

**Do you have a pet at home? Y N**

**Do you have a healthcare surrogate? Y N**

**Name** _____ **Phone** _____

**Do not resuscitate order Y N Location** _____

## COPY OF DRIVERS LICENSE

## COPY OF INSURANCE CARD

## EMERGENCY CONTACT 1

**Name** _____

**Address** _____

**Phone** _____

**Cell** _____

**Relationship** _____

**Employment** _____

## EMERGENCY CONTACT 2

**Name** _____

**Address** _____

**Phone** _____

**Cell** _____

**Relationship** _____

**Employment** _____

**Place this form in red vinyl pouch.**



*Turn over for person 2.*

LEE HEALTH

# ICE Medical and Contact Information

**Name (Person 2)** _____

**Home Address** _____

**Date form completed** _____ **Date updated** _____ **Phone** _____

**DOB** _____ **Sex M/F** _____

**SSN** _____ **Weight** _____

**Hospital preference** _____ **Religion** _____

**Doctor** _____ **Blood type** _____

**Language** _____

**Living Will Y N** _____ **Location** _____

## INSURANCE INFORMATION AND NUMBER

**Medicare** _____

**Medicaid** _____

**Other** _____

## MEDICAL INFORMATION

**Food/Drug allergies** _____

_____

## PRESCRIBED MEDICATIONS AND SUPPLEMENTS

| Name | Dosage | Times/Day | AM/PM |
|---|---|---|---|
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**Location of meds** _____

**Pharmacy** _____ **Date updated** _____

## MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| **Blind** | **Y N** | **L R B** | **Pacemaker** | **Y N** |
| **Hearing aid** | **Y N** | **L R B** | **Glasses** | **Y N** |
| **Dentures** | **Y N** | **L U B** | **Contacts** | **Y N** |
| **Deaf** | **Y N** | **L R B** | **Dementia** | **Y N** |
| **Mute** | **Y N** | | **Dialysis** | **Y N** |
| **HIV/AIDS** | **Y N** | | **Diabetes** | **Y N** |
| **Arthritis** | **Y N** | | **Epilepsy** | **Y N** |
| **Cancer** | **Y N** | | **Glaucoma** | **Y N** |
| **Stroke** | **Y N** | | **TB** | **Y N** |

**Anemia Y N Type** _____

**Cardiac Y N Type** _____

**Hepatitis Y N Type** _____

**Respiratory Y N Type** _____

**Abnormal blood pressure Y N HI/LO** _____ / _____

**Are you an organ donor? Y N**

**Are you a caregiver? Y N**

**Do you pick someone up from school, daycare, etc.? Y N**

**Do you have a pet at home? Y N**

**Do you have a healthcare surrogate? Y N**

**Name** _____ **Phone** _____

**Do not resuscitate order Y N Location** _____

## COPY OF DRIVERS LICENSE

## COPY OF INSURANCE CARD

## EMERGENCY CONTACT 1

**Name** _____

**Address** _____

**Phone** _____

**Cell** _____

**Relationship** _____

**Employment** _____

## EMERGENCY CONTACT 2

**Name** _____

**Address** _____

**Phone** _____

**Cell** _____

**Relationship** _____

**Employment** _____

**Place this form in red vinyl pouch.**



*Turn over for person 1.*