NobleHospital
Your community hospital

MEDICAL INFORMATION CARD

Keep Information up-to-date

Name _____

Address _____

City _____ State _____ Zip _____

SS# _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Emergency Contacts:

Name _____ Res Phone _____

Address _____ Cell Phone _____

Name _____ Res Phone _____

Address _____ Cell Phone _____

Primary Care Doctor _____ Phone _____

Specialist _____ Phone _____

Health Care Proxy ☐ Yes ☐ No

Name of Proxy _____ Phone _____

Do you have a Comfort Care/DNR form? ☐ Yes ☐ No

If yes, where is it located? _____

Organ Donor ☐ Yes ☐ No Religion _____

Vaccination Dates:

Tetanus _____ Pneumonia _____ Flu _____

Medical Conditions: ***Check All That Apply***

☐ No Known Conditions	☐ Hearing Impaired
☐ Abnormal EKG	☐ Heart Attack
☐ Alzheimers / Dementia	☐ Heart Surgery (Date)_____
☐ Atrial Fibrillation	☐ Heart Valve Prosthesis
☐ Angina	☐ High Blood Pressure
☐ Anemia	☐ High Cholesterol
☐ Asthma	☐ Low Blood Sugar
☐ Bleeding Disorder	☐ Pacemaker
☐ Cancer	☐ Renal Failure
☐ Cardiac Arrythmia	☐ Seizure Disorder
☐ Cataracts	☐ Thyroid Disorder
☐ Diabetes	☐ Vision Impaired
☐ Other_____	

Recent Surgeries:	**Date:**

Medical Insurance: _____
Policy No. _____
Medicare No. _____
Medicaid No. _____

Please Attach Any Other Documents You Consider Important.

See Over

Allergies

- ☐ No Known Allergies
- ☐ Aspirin
- ☐ Codeine
- ☐ Environmental
- ☐ Latex
- ☐ Lidocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ X-ray Dyes
- ☐ Other_____

Please list in print all medicines and supplements you are currently taking.

	Medication Name	Dosage/Mg	Frequency	Reason for Medication	Prescribing Physician
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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