

# 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                    | <b>Allergies:</b>                             |
| <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 Valve 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](http://SeniorEmergencykit.com)

[www.humana.com/resources/healthy\\_living/caregiver/](http://www.humana.com/resources/healthy_living/caregiver/)  
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.