

Personal Medical Record	
(Print)	
Name	Date
Address	
Phone	Birthdate
Do you have an EMS-No CPR Directive or a DNR form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where is it?	
Do you have a Health Care Advanced Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agent's Name	

Medical Conditions
(Print)

Allergies & Drug Reactions

Doctor & Pharmacy Contacts
Doctor's Name
Address
Phone
Doctor's Name
Address
Phone
Pharmacy Name
Address
Phone

Prescription Medications		
Name	Doseage	Frequency

Emergency Contacts
Name
Address
Phone
Relationship
Name
Address
Phone
Relationship

Other Medications & Supplements		
Name	Doseage	Frequency

- Keep this card in your wallet or purse.
 - Keep the information on it up-to-date.
 - Post a copy in a visible place in your home (like on your refrigerator.)
 - For additional copies of this form, contact your local Area Agency on Aging (see other side) or call the Virginia Department for the Aging toll-free at **1-800-552-3402 (Voice/TTY).**