**Juan de Padilla Secular Franciscan Order**

**CONFIDENTIAL MEDICAL FORM**

**NOTE: Place this form inside an envelope and seal it. Put your name on the outside of the envelope and place in a conspicuous location in your room.**

Name: \_

Address:

Telephone (home):   (Cell):

Emergency contact:   Relationship:

Address:

Telephone (home):  (Cell):

Medication allergies:

Other allergies

DOB:     Weight:       Height:

Primary Care Physician  Name:

 Address:

 Phone:

Health problems/conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty/other physicians

Name:  Name:

Address: Address:

Phone: Phone:

Specialty: Specialty:

Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current prescription medications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medicine** | **Dose** | **How Often** | **Reason** |
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Over-the-counter medications

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medicine** | **Dose** | **How Often** | **Reason** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**---- PLEASE BE SURE TO FILL OUT BOTH PAGES OF THIS FORM ----**

**Previous surgeries:**

|  |  |
| --- | --- |
| **What** | **When** |
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Do you have any of these conditions? Circle YES or NO

|  |  |  |
| --- | --- | --- |
| Difficulty with anesthesia? | YES | NO |
| Past blood transfusion? | YES | NO |
| Do you wear glasses or contact lenses? | YES | NO |
| Do you wear dentures or partial plate? | YES | NO |
| Do you have difficulty hearing? | YES | NO |
| Do you smoke? If so, how much? | YES | NO |
| Have you been out of the country in the past 6 months? | YES | NO |
| Do you have a living will/durable power of attorney for health care? | YES | NO |

Is there other information that you think an Emergency Room physician should know about you?

Insurance information:

Plan:

Group #: Other #:

Phone:

**I authorize release of this information in a medical emergency to an EMT and/or Emergency Room Physician.**

 The above is accurate as of:

Signature Date