Life Skills Recovery Ranch

Intern Medical Emergency Information

Personal Information

Last Name		First Name		Middle Initial
Date of Birth	Sex	Weight	Blood Type	
Address				
City		State		Zip Code
Primary Insurance Co.		Secondary Insurance Co.		
Primary Insurance Numbers & Group		Secondary Insurance Numbers & Group		

Past Medical History

Allergies
O None
O Unknown
Medical Allergies:
_____
_____
_____

Surgery
O None O Unknown
O Abdominal O Heart
O Lung O Neurological
Other_____
_____
_____
_____
_____

Chronic Illnesses
O None
O Asthma
O Bleeding Disorder
O Cancer
O COPD
O CVA / TIA
O Diabetic
O Dialysis/Renal
O Gastrointestinal
O Headaches
O Hepatitis
O Hypertension
O Paralysis
O Psychological
O Seizures
O Substance Abuse
O TB
O Unknown
Other_____

Current Medications
O None
O Unknown
_____
_____
_____
_____

Additional Medical Information
_____
_____
_____
_____
_____
_____

Emergency Contact Information

Primary Physician	Physician Phone Number
Primary Contact Name & Relationship	Primary Contact Phone Numbers
Secondary Contact Name & Relationship	Secondary Contact Phone Numbers