



Call **911** to:

- Stop a Crime
- Report a Fire
- Save a Life

MEMORY CARE RESIDENT

Do you have a current:

- Advanced Directive Form
- Colorado MOST Form
- CPR Directive Form
- None

If you checked any of the boxes, please attach a copy

Call **303-538-7602** for Non-Emergency Assistance in Thornton

MEDICAL POWER OF ATTORNEY

Name:	Phone:
Relationship:	Hospital Emergency Room Preference:

PERSONAL INFORMATION

Name:	Sex: M F	Date of Birth: / /
Address:	Phone:	

ALLERGIES - Check all that exist

NO KNOWN ALLERGIES	Codeine	Horse Serum	Lidocaine	Novocaine	Other:
Aspirin	Contrast Dyes	Insect Stings	Morphine	Sulfa	Other:
Barbiturate	Demerol	Latex	Penicillin	Tetracycline	Other:

Drug Interactions:

MEDICAL CONDITIONS - Check all that exist

NO KNOWN MEDICAL CONDITION	Abnormal EKG	Cancer	Hepatitis Type []	Pacemaker
PRESCRIPTION BLOOD THINNERS	Alzheimer's/ Dementia	Clotting Disorder	Hypoglycemia	Renal Failure
BARRIERS TO COMMUNICATION:	Angina	Diabetes/Insulin Dependent	Leukemia	Seizure Disorder
Hearing	Asthma	Hearing Impaired	Lymphomas	Stroke
Vision Impairment	Bleeding Disorder	Heart Disease	Memory Impaired	Tuberculosis
(Severe) Language	Cardiac Dysrhythmia	Heart Valve Prosthesis	Myasthenia Gravis	Sickle Cell Anemia

Primary Language: _____ Other: _____

KEEP INFORMATION UP TO DATE – Use pencil for ease in making changes

MEDICAL DATA

Last Updated (Month & Year):

Blood Type:

Primary Care Provider:

Hospice: YES NO

Primary Care Provider Phone:

Hospice Provider Phone:

Pharmacy:

Religion:

Pharmacy Phone:

Special Conditions/Remarks:

MEDICAL PROBLEM

MEDICATION

DOSAGE

FREQUENCY

EMERGENCY CONTACTS

Name:

Home Phone:

Address:

Cell Phone:

Name:

Home Phone:

Address:

Cell Phone:

MEDICAL INSURANCE

Medical Insurance Company:

Policy Number:

Other Insurance Company:

Policy Number:

Medicaid Number:

Medicare Number:

Living Will on File at:

