Call 911 to:

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

RESIDENTIAL

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:	

FILE OF LIFE QUESTIONS – Thornton Fire Department 303-538-7602