Personal Medical Record

(Print)

Name Date

Address

Phone Birthdate

Do you have an EMS-No CPR Directive or a DNR form? ☐ Yes ☐ No

Where is it?

Do you have a Health Care Advanced Directive? ☐ Yes ☐ No

Agent's Name

Doctor & Pharmacy Contacts

Doctor's Name

Address

Phone

Doctor's Name

Address

Phone

Pharmacy Name

Address

Phone

Emergency Contacts

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

- 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).**

Medical Conditions

(Print)

Allergies & Drug Reactions

Prescription Medications

Name	Doseage	Frequency

Other Medications & Supplements

Name	Doseage	Frequency