



Patient Better

EMERGENCY TEMPLATE

Last Updated: ____/____/____

My Name: (First Last) _____ D.O.B ____/____/____ Blood Type _____ Gender _____

Religion _____ Language Spoken _____ Ethnicity _____ Phone _____

Pharmacies:

Emergency Contact Person (First Last) Phone #, Relationship, Language Spoke, Email Address
1. _____
2. _____

Current Treating Primary Care Physician (First Last), Facility Name, Location, Phone and Nurse's Name
Dr. _____

Medical Conditions (Infections, Allergies, Chronic Condition, State of Condition. & Date Acquired):
Allergies

Medications and/or Suppliments:

Date of last Tetanus shot and Clinic that Administered and ID:



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Medical Office Use:

Reason for Emergency Room Visit:

Treating Physician, Name of Facility, Location, Phone Number:

Diagnosis and Treatment:

Service:

Medication:

Follow Up Directions:
