

Emergency Patient Information Sheet

Rev 8/6/24

(For ambulance paramedics' use. One person per sheet. Print legibly & update as needed.)

Complete, fold and place inside Red Envelope, then give to retreat leader to put in emergency info box.)

Patient Full Name: _____

Date of Birth: _____ SSN: _____

Texas Address: _____

Mobile Phone: _____ Other Phone: _____

Home Address: _____

(Copy both sides of your driver's license on the back of this page or on a separate attached page)

Allergies: _____

Current Medications List:				
Name	Generic Name	Mg	Dosage	Taking for

Current Conditions, e.g. Diabetes, COPD			
Condition	Physician	City, ST ZIP	Phone

Medical History: (describe surgery procedures, outcome and year)		
Surgery Procedure	Outcome	Year

Please attach extra sheets if needed. Driver's license and insurance card may be on same sheet.

Emergency Patient Information Sheet

Rev 8/6/24

Physicians (Both Texas and Home):		
Name	City, ST ZIP	Phone

Home Hospital Records:		
Name	Address	Phone Numbers

Texas Hospital Preference (hospital may not be available depending on situation)	
1	
2	
3	

Insurance Information:

Medicare? Yes ___ No ___ Type: _____

Medical Veteran Benefits? Yes ___ No ___

Supplemental Insurance or Primary Insurance:

Company _____

Claim Address: _____

Authorization or Contact phone _____

Air Flight Insurance Information _____

(Copy both sides of your insurance card on the back of this page or on a separate attached page)

In case of emergency contact _____

Relationship to patient _____

Address _____

Phone _____

Retreat emergency contact _____ Phone _____

Please attach extra sheets if needed. Driver's license and insurance card may be on same sheet.