

# Ray Stone Senior Communities

*Worry less ... Smile more!*

RayStoneSeniors.com

866-410-2864

## In Case of Emergency - Information for Your Spouse or Parent:

Emergency information for: \_\_\_\_\_ Birth date: \_\_\_\_\_

Doctors' names (and phone numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary insurance: \_\_\_\_\_ Member number: \_\_\_\_\_

Subscriber name (if not same as member): \_\_\_\_\_

### Medical History

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past surgeries (and dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medications

Current medications and dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

If identified, Health Care Proxy "agent" with Power of Attorney for health care: \_\_\_\_\_

Location of any health care directives: \_\_\_\_\_