



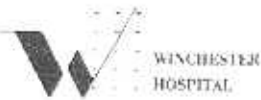
Medford Police  
Community Service Unit  
(781) 391-6770



Mayor Michael McGlynn  
(781) 393-2480



Medford Fire Dept.  
120 Main Street  
(781) 396-9400



Emergency  
Dial  
**9-1-1**

Shore Pharmacy  
429 High Street  
Delivery Service  
(781) 395-4420

Δ Medford Senior Citizens, Inc. Δ  
A non-profit agency operated by Seniors, for Seniors  
101 Riverside Avenue (781) 396-6010



Greater Medford VNA  
& Additional Care  
781-396-2633

**KEEP INFORMATION UP TO DATE**  
Use Pencil - Print Clearly

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
M F

Address: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Date of Birth: / /

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**MEDICAL DATA**

Last Updated: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Blood Type: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Conditions/Remarks: Use pencil for ease in making changes.

Medications	Dosage	Frequency

SEE BACK OF CARD FOR ADDITIONAL INFORMATION

Medications	Dosage	Frequency

**Recent Surgery:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

Living Will on file at: \_\_\_\_\_

Health Care Proxy on file at: \_\_\_\_\_

Do you have a Comfort Care form ?  
**YES**  **NO**  Where is It located ? \_\_\_\_\_

**MEDICAL CONDITIONS**

*Check all that exist*

**Impairments:**  
 Hearing  Vision  Other \_\_\_\_\_

**Disability:**  
 Learning/Cognitive  Mobility  Other \_\_\_\_\_

- |                                 |                            |
|---------------------------------|----------------------------|
| ( ) No known medical conditions | ( ) Heart Failure          |
| ( ) Abnormal EKG                | ( ) Heart Valve Prosthesis |
| ( ) Anemia                      | ( ) Hemodialysis           |
| ( ) Angina                      | ( ) Hypertension           |
| ( ) Asthma                      | ( ) Hypoglycemia           |
| ( ) Bleeding Disorder           | ( ) Laryngectomy           |
| ( ) Cancer                      | ( ) Leukemia               |
| ( ) Cataracts                   | ( ) Lymphomas              |
| ( ) COPD( ) Emphysema( )        | ( ) Memory Impaired        |
| ( ) Coronary Bypass Graft       | ( ) Pacemaker              |
| ( ) Dementia( ) Alzheimer's( )  | ( ) Renal Failure          |
| ( ) Diabetes/Insulin Dependent  | ( ) Seizure Disorder       |
| ( ) Glaucoma                    | ( ) Stroke                 |
|                                 | Other _____                |

**ALLERGIES**

- |                   |                   |                        |
|-------------------|-------------------|------------------------|
| ( ) Aspirin       | ( ) Insect Stings | ( ) Shellfish          |
| ( ) Barbiturates  | ( ) Latex         | ( ) Sulfa              |
| ( ) Codeine       | ( ) Morphine      | ( ) Tetracycline       |
| ( ) Demerol       | ( ) Novocaine     | ( ) X-Rays Dyes        |
| ( ) Environmental | ( ) Peanuts       | ( ) No Known Allergies |
|                   | ( ) Penicillin    | ( ) Other              |

**MEDICAL INSURANCE**

Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Martinair # \_\_\_\_\_                      Martino # \_\_\_\_\_