

Download this form and complete it with as much information as you wish and update it as necessary. If you need urgent medical attention while you're away from home, you will have all your medical details in one place. Carry this with you in your purse, backpack, or car's glove box. You may wish to scan or photograph your important documents and save them to a flash drive that you can carry in your purse or on your keychain. You may include your living will, the documents naming your healthcare power of attorney, a do-not-resuscitate (DNR) order, if you have one, etc.

Make sure another person knows where to find important papers and write that down in the section for additional notes. Having everything in order will put your mind at ease as you set off on your travels.

Download Additional Forms at: bit.ly/CONQUERtravel

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

EMERGENCY CONTACTS

NAME / PHONE

NAME / PHONE

BLOOD TYPE: _____

ALLERGIES: _____

CURRENT DIAGNOSIS: _____

CURRENT HEALTH STATUS: _____

ONCOLOGIST

NAME: _____

PHONE: _____

ADDRESS: _____

MEDICAL HISTORY

DIAGNOSIS DATE

DIAGNOSIS DATE

DIAGNOSIS DATE

DIAGNOSIS DATE

SURGICAL HISTORY

PROCEDURE

DATE

PROCEDURE

DATE

PROCEDURE

DATE

VACCINATIONS (RECENT)

TYPE

DATE

TYPE

DATE

TYPE

DATE

CURRENT MEDICATIONS NAME/DOSE/FREQUENCY/PRESCRIBING PHYSICIAN

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INSURANCE INFORMATION

POLICY NAME/NUMBER:

GROUP NUMBER:

PRESCRIPTION PLAN:

CONTACT:

OTHER PHYSICIANS NAME/PHONE

INDIVIDUAL WITH HEALTHCARE
POWER OF ATTORNEY:

NAME

DO YOU HAVE AN ADVANCE DIRECTIVE
OR LIVING WILL?

DO YOU HAVE A SIGNED DNR ORDER?

OTHER IMPORTANT HISTORY/ADDITIONAL NOTES

COPIES OF RELATIVE DOCUMENTS CAN BE FOUND:

ELECTRONICALLY STORED
(eg, on flash drive or keyring)

PAPER COPIES
(eg, in backpack)

SIGNATURE: