HURON VALLEY AMBULANCE

HVA CARECARD

This form provides valuable information to emergency responders.
Keep one copy in a visible place on your refrigerator and another in your purse or wallet.

Patient Information

Today's Date: _____ Name: _____

Current age: _____ Birthdate: _____ Primary language: _____

Hospital preference: _____

Typical mental state: ☐ Alert and oriented ☐ Alert w/ some impairment ☐ Confused/disoriented

Emergency Contact

Primary Contact

Name: _____ Relation: _____ Phone: _____

Secondary Contact

Name: _____ Relation: _____ Phone: _____

Insurance Information

Medical Insurance Co: _____ Medicare Number: _____

Group Number: _____ Medicaid Number: _____

Policy Number: _____

Do you have a DNR? Yes ☐ No ☐

Do you have advanced directives/a living will? Yes ☐ No ☐

If yes to either, please keep a copy of the documentation with this form.

HURON VALLEY AMBULANCE

HVA CARECARD

Medical Data

Medication | Used For | Dosage | Frequency

Medical History

- ☐ No known medical conditions
- ☐ Alzheimer's
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding disorder
- Cancer: _____
- ☐ Cardiac dysrhythmia
- ☐ Cataracts
- ☐ Clotting disorder
- ☐ Coronary bypass graft
- ☐ Diabetes/insulin dependent
- ☐ Eye surgery
- ☐ Hearing impared
- ☐ Heart valve replacement
- ☐ Hepatitis
- ☐ HIV
- ☐ Hypertension
- ☐ Memory impaired
- ☐ Pacemaker
- ☐ Renal failure
- ☐ Seizures
- ☐ Sickle cell anemia
- ☐ Stroke/CVA /TIA
- ☐ Tuberculosis
- ☐ Vision impaired

Other: _____

Allergies

- ☐ Aspirin
- ☐ Barbiturates
- ☐ Codeine
- ☐ Demerol

Environmental: _____

Food: _____

- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novacaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes

Other: _____

Notes