George Regional Hospital

EMERGENCY PREPAREDNESS PERSONAL INFORMATION

Name _____ Birth date _____

Address_____ Phone #_____

Emergency contact(s)_____ Phone_____ relationship _____

_____ Phone _____relationship _____

Doctor's name_____ City _____ Phone # _____

_____ City_____ Phone # _____

_____ City_____ Phone # _____

Allergies _____ Date of flu/pneumonia vaccine_____

Illnesses _____

_____

Surgeries w/ dates _____

_____

Pharmacy _____City _____ Phone #_____

Insurance Information_____

MEDICATION LIST (include over-the-counter medications)

Medication	Dosage	Frequency	Route	Taken for	Comments