Information Needed By Emergency Care Providers

IF YOU BELIEVE THIS IS A MEDICAL EMERGENCY,
CALL YOUR LOCAL EMERGENCY SERVICES AT: _____ RIGHT AWAY.

Date: _____

Name: _____ Date of Birth: _____

Weight: _____ Height: _____ Allergies: (Drugs, Food, Other) _____

Primary Provider : _____ Primary Provider phone #: _____

Other care provider : _____ Other care provider phone #: _____

Insurance Provider: _____

Insurance Member Number: _____ Group Number: _____

Medicaid Number: _____ Medicare Number: _____

Language spoken at home: _____ Interpreter needed: Yes or No

Contact the following family members or guardian for emergencies:

Name	Daytime Telephone	Evening Telephone
Name	Daytime Telephone	Evening Telephone
Name	Daytime Telephone	Evening Telephone

North Dakota Brain Injury Network

1(855) 866-1884 • ndbin.org • info@ndbin.org

Brief Medical History with Dates and Diagnosis: *(Note:To keep the following information up-to-date, you may want to check this Page anytime there is a change in your care).*

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