

Name: _____

Birth date: _____

Address: _____

Phone: _____

EMC *Your private ER*
8245 Precinct Line Rd, #100
N Richland Hills, TX 76180
817-503-8800
Open every day 10A-8P

Contacts

Physician: _____

Phone: _____

Pharmacy #: _____

Emergency Contact / Relation:

Phone: _____

Immunizations

(date of last dose)

Tetanus: _____

Flu: _____

Pneumonia: _____

Hepatitis: _____

Other: _____

Allergies

Allergic to: _____

Reaction: _____
(ex rash/hives/trouble breathing)

Allergic to: _____

Reaction: _____

Medical History

(Circle those that apply)

Asthma Heart Disease

Diabetes High Blood Pressure

Cancer Kidney Disease

Smoking Thyroid Disease

Other: _____

Surgical History

Tonsils / Ear tubes / cosmetic

Heart (balloon/stent/bypass)

Gallbladder / Appendectomy

C-section / Hysterectomy

Neck / Back / Limb

Tumor (cancer or benign?)

Other: _____

Over-the-Counter

Medications

(Circle those you use regularly)

Allergy relief, Antihistamines

Antacids

Aspirin/Tylenol/Ibuprofen

Cold/Cough Medicines/

Decongestants

Diet Pills

Herbals, dietary supplements

Laxatives

Sleeping Pills

Vitamins or Minerals

Other: _____

Medication Card available at

www.EMCemergency.com

or www.dfwhc.org

(Please fold on lines)

