

Personal Emergency Information



STEPS FOR LIVING
Education for all life stages.

NAME: _____

Address _____

Date of Birth _____ Weight _____

Primary Insurance _____ ID # _____ Insurance Phone _____

Secondary Insurance _____ ID # _____ Insurance Phone _____

Emergency Contact _____

Phone _____ Relationship _____

Primary Healthcare Provider _____ Phone _____

ALL MEDICATIONS (PRESCRIPTION & OTC)

Medication Name	Dose	# of Tabs/ Caps	# of Times Per Day	Reason for Taking

YOUR
PHOTO
HERE

stepsforliving.hemophilia.org

Steps for Living is an education program that was created in part through the Centers for Disease Control and Prevention (CDC) Cooperative Agreement with continued support from Pfizer Hemophilia. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.



Personal Emergency Information

NAME: _____

Allergies _____

Past Surgeries _____

Last Tetanus _____

Other Medical Conditions _____

Medications to Avoid & Reason _____

Bleeding Disorder (type/severity) _____

Clotting Factor Affected _____

Hematologist/Hemophilia Treatment Center _____

Phone _____

Preferred ER _____

Past Bleeds _____

Self/Home-infusion? YES NO

Type & Location of port/PICC _____

Possible Alternative Factor Medication _____

NOTES:

