



GLENCOE CARES

Health Info & Medication List



Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Date of Birth: ___ / ___ / ___ Primary Care Physician: _____

Do you have any Advance Directives?

- Power of Attorney
- DNR/POLST Form
- Living Will

Have you ever had, or do you currently have, any of the following?

- Alzheimer's Disease and Related Dementia
- Arthritis
- Asthma
- Cancer list types: _____
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Diabetes
- Epilepsy/Seizures
- High Blood Pressure
- Oxygen
- Pacemaker
- Parkinson's Disease
- Any condition or disease not listed: _____

Are you allergic to any medications? If yes, please list.

List all current medications on the other side of this paper.

List of Current Medications & Dosage Information

What else would you like Glencoe Public Safety or Family Service of Glencoe to know in case of emergency?

Please remember to contact Emily upon completion of the forms.
Accurate records of participating individuals/households allows more effective use of the Glencoe Cares program!
emily@familyserviceofglencoe.org / 847.835.5111
Emily Myself, LCSW, Family Service of Glencoe, April 2018 / emily@familyserviceofglencoe.org
