LOMPOC VALLEY MEDICAL CENTER
FCSN

A Trip to the Emergency Room
Caregiver Preparation

Medical Conditions

*Condition:*_____ *Condition:*_____

*Condition:*_____ *Condition:*_____

*Condition:*_____ *Condition:*_____

Current Medications *(include over the counter medications)*

*Name:*_____ *Dose:* _____ *Times:*_____

*Name:*_____ *Dose:* _____ *Times:*_____

*Name:*_____ *Dose:* _____ *Times:*_____

*Name:*_____ *Dose:* _____ *Times:*_____

*Name:*_____ *Dose:* _____ *Times:*_____

Pharmacy

*Name:*_____ *Phone:*_____

☐ **Current Insurance Cards** **Blood type:** _____

Allergies *(include medication and non-medication allergies)*

*Allergy:*_____ *Allergy:*_____

*Allergy:*_____ *Allergy:*_____

*Allergy:*_____ *Allergy:*_____

Emergency Contacts

*Name:*_____ *Phone:* _____ *Relation:*_____

*Name:*_____ *Phone:* _____ *Relation:*_____

*Name:*_____ *Phone:* _____ *Relation:*_____

Physician Information

*Name:*_____ *Phone:*_____

*Name:*_____ *Phone:*_____