



Create an Emergency Medical Information Form

We think it won't happen to us—but it could. If you're ever in an accident or crisis situation, you'd want to have your medical information where an emergency worker can easily find it. So fill out this form for yourself and each member of your family. Keep a copy with you, on your refrigerator, and in your car's glove box.

Another way to protect yourself

Signing up for your local health information exchange (HIE) allows doctors to download your medical information in an emergency. To enroll in Rhode Island, visit currentcareri.com or call 1-888-858-4815. If you live in another state, contact your local Department of Health to ask if an HIE is available.

EMERGENCY MEDICAL INFORMATION

Name Date of birth
Address
City State ZIP Phone #
Emergency contact Phone #
Health insurance ID #

Doctors

Name Phone #
Name Phone #

Medical conditions

Medications (prescription and over-the-counter)

Name Dosage
Name Dosage
Name Dosage
Name Dosage

Allergies

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