DATE _____

EMERGENCY INFORMATION

NAME _____

McMILLAN ADDRESS 946 Wiggins Pkwy., Mesquite, TX 75150 APT. # _____

PHONE # _____ MARITAL STATUS _____ SEX _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

MOVE-IN DATE _____

MEDICARE # _____

SUPPLEMENTAL INSURANCE CARRIER _____

POLICY # _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

1. NAME _____ RELATIONSHIP _____

   ADDRESS/CITY/STATE _____ ZIP _____

   TELEPHONE (home) _____ (work) _____

   (cell) _____

2. NAME _____ RELATIONSHIP _____

   ADDRESS/CITY/STATE _____ ZIP _____

   TELEPHONE (home) _____ (work) _____

   (cell) _____

*** MEDICAL INFORMATION ON REVERSE SIDE ***

PLEASE KEEP THIS POSTED

IF YOU HAVE A VALID "DO NOT RESUSCITATE" ORDER, A LIVING WILL OR DURABLE POWER OF ATTORNEY FOR HEALTH CARE, PLACE A COPY BEHIND THIS SHEET IN THE PLASTIC COVER. (This is optional.)

PHYSICIAN'S NAME _____ PHONE # _____

ADDRESS _____

DO YOU HAVE ANY SERIOUS MEDICAL CONDITIONS? YES/NO IF YES, PLEASE EXPAIN:

_____

_____

_____

_____

_____

_____

DO YOU HAVE ANY ALLERGIES OR ARE YOU ALLERGIC TO ANY MEDICINES? YES/NO IF YES, PLEASE EXPAIN:

_____

_____

_____

_____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES/NO IF YES, PLEASE LIST:

_____

_____

_____

_____

_____