

List major surgeries you have had

Date

Do you have:

A "Living will" or advanced directive? Yes No

A North Carolina "Do Not Resuscitate" order signed by your doctor? Yes No

Is there any other information that would help EMS or hospital personnel in providing your emergency medical care?

Persons to contact in an emergency:

Name _____ relation _____

Address _____

Day phone _____ Night phone _____

Name _____ relation _____

Address _____

Day phone _____ Night phone _____

Name _____ relation _____

Address _____

Day phone _____ Night phone _____