Medication	Dose	Frequency

Medication	Dose	Frequency

Additional Information and Notes:

Nashoba Valley Medical Center
A STEWARD FAMILY HOSPITAL
Steward

200 Groton Road
Ayer, MA 01469
978-784-9421
www.nashobamed.org

My Personal History & Other Documentation

Name: _____

Nashoba Valley Medical Center
A STEWARD FAMILY HOSPITAL
Steward

Personal Information

Name: _____
Date of Birth: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: (___) _____
Cell Phone: (___) _____
Sex: ☐ Male ☐ Female
Organ Donor: ☐ Yes No ☐
Blood Type: _____

Emergency Contacts

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: (___) _____
Cell Phone: (___) _____
Relationship: _____

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: (___) _____
Cell Phone: (___) _____
Relationship: _____

Doctors

Primary Care Physician: _____
Primary Care Phone: (___) _____
Other Physician: _____
Phone: (___) _____
Pharmacy Name: _____
Pharmacy Phone: (___) _____

Allergies:

☐ None Known
☐ Aspirin
☐ Barbiturates
☐ Codeine
☐ Demerol
☐ Environmental
☐ Horse Serum
☐ Insect Stings
☐ Latex
☐ Lidocaine
☐ Morphine
☐ Novacaine
☐ Penicillin
☐ Sulfa
☐ Tetracycline
☐ X-ray Dye/ Shellfish

☐ Food: _____
☐ Other: _____

Primary Medical Insurance

Company: _____
Policy Number: _____
Medicare Number: _____
Medicaid Number: _____

Other Medical Insurance

Name: _____
Policy Number: _____

Other Information

Do you have an Advance Directive?
☐ Yes ☐ No

Where is it located? _____
Religion: _____
Living will on file at: _____
Health care proxy on file at: _____
_____ hospital.

Medical History

☐ No Known Medical Conditions
☐ Abnormal EKG
☐ Adrenal Insufficiency
☐ Anemia
☐ Angina
☐ Asthma
☐ Bleeding Disorder
☐ Cancer
☐ Cardiac Arrhythmia
☐ Cataracts
☐ Circulation Problems
☐ Clotting Disorder
☐ Coronary Bypass Grafts
☐ Dementia / Alzheimer's
☐ Diabetes
☐ Eye Surgery
☐ Glaucoma
☐ Hearing Impaired
☐ Heart Attack / MI
☐ Heart Stents / Angioplasty
☐ Heart Valve Prosthesis
☐ Hemodialysis
☐ Hypertension
☐ Hypoglycemia
☐ Kidney Failure
☐ Leukemia / Lymphoma
☐ Memory Impaired
☐ Pacemaker / Defibrillator
☐ Seizure Disorder
☐ Stroke / TIA's
☐ Thyroid Problems
☐ Vision Impaired