Members can use this form to get ready for travel or hospital visits.

technology for living
Provincial Respiratory Outreach Program

Fax 604-326-0176 • **Tel** 1-866-326-1245

GENERAL MEDICAL INFORMTION

Updated:

Name:

Address:

Phone #: Gender: Pronouns:

Date of Birth:

BC Health Card #: Hospital Card #:

Family Doctor: Family Doctor Phone Number:

Respirologist Name: Respirologist Phone #:

Emergency Contacts:

Appointed Representative(s)? *If yes, please attach* Yes ☐ No ☐

Do Not Resuscitate (DNR) order? *If yes, please attach* Yes ☐ No ☐

Advance Directive(s)? *If yes, please attach* Yes ☐ No ☐

Power of Attorney? *If yes, please attach* Yes ☐ No ☐

Important information:

MEDICAL INFORMATION

Medical Conditions:

Blood Type:

Medications:

Drug Allergies:

Other Allergies:

Operations:

OTHER

Lawyer's name and contact information (optional):