

## EMERGENCY INFORMATION FORM

Once completed, please make extra copies and keep this form in an accessible place.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Home Address: \_\_\_\_\_

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**Medical History:** (Please include all conditions and appropriate dates.)

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**Current Medications:** (What you take and when you take it.)

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**Allergies to Medications:** \_\_\_\_\_

**Next of Kin** (Names and Telephone Numbers):

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Note: If more space is required, please use opposite side or attach an extra sheet.



**Cardiac Prevention & Rehab Program**, Medical Sciences Building,  
372 King Street West, Oshawa, Ontario L1J 2J9 Ph.: 905 720 0999 www.HeartCare.ca

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