

# Are You **Medically Prepared** for a Hurricane?

Hurricane season begins June 1. As part of your medical preparations for hurricane season, complete the "Personal Medical Information Form" below and store it in your waterproof, portable disaster supplies kit to help you keep track of your health information. Please call North Oaks Marketing/Business Development at (985) 230-6647 for additional copies or download them at [www.northoaks.org](http://www.northoaks.org).

Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Parent/Guardian/Support Person:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Secondary Support Person:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Active Diagnoses: *Please list any current known conditions.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

## Physicians or Clinics you Visit on a Regular Basis

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

PERSONAL MEDICAL INFORMATION FORM

# Are You **Medically Prepared** for a Hurricane? **Rx**

## Prescription and Non-prescription Medications Taken Regularly

*Dosage Amount Examples: 10 mg pill, 1 tsp. liquid*

*Special Instructions Examples: Take with food; Do not drive after taking medication.*

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:** \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ times a \_\_\_\_\_  
What Time(s) do you take this medication? \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

## Pharmacy and Medical Equipment Providers

**Pharmacy Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Medical Equipment Provider:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

If a hurricane approaches our community, call the North Oaks Information Line at (985) 230-4636 (INFO) for helpful information on medical preparations to make before the storm, locations of special needs/medical shelters, as well as the availability of services at North Oaks facilities and other medical resources. Updates also will be posted to [www.northoaks.org](http://www.northoaks.org) and given to local radio station partners—KSLU 90.9 FM, WFPR 1400 AM, WHMD 107.1 FM, WTGG Tangi 96.5 FM and WWL AM 870/FM 105.3.