

Are You Medically Prepared for Hurricane Season?



Operation Preparation

PERSONAL MEDICAL INFORMATION FORM

Hurricane season began June 1. As part of your medical preparations for hurricane season, complete this form 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.

☐ 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: _____

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Visit the "Operation Preparation" link at www.northoaks.org for helpful tips on medical preparations to consider making for hurricane season.

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: _____

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What time(s) do you take this medication? _____
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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 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.