



**RIO VISTA COMMUNITY CENTER**

# Medical Emergency Information

## Personal Information

<b>Last Name</b> ( <i>Apellido</i> )		<b>First Name</b> ( <i>Primer Nombre</i> )		<b>Middle</b> ( <i>Initial</i> )
<b>Date of Birth</b> ( <i>Fecha de nacimiento</i> )	<b>Sex</b> ( <i>Sexo</i> )	<b>Weight</b> ( <i>Peso</i> )	<b>Blood Type</b> ( <i>Tipo de sangre</i> )	
<b>Address</b> ( <i>Direccion</i> )			<b>Phone Number</b> ( <i>Telefono</i> )	
<b>City</b> ( <i>Ciudad</i> )		<b>State</b> ( <i>Estado</i> )		<b>Zip Code</b> ( <i>Codigo Postal</i> )
<b>Primary Insurance Co.</b> ( <i>Primaria Seguro</i> )		<b>Secondary Insurance Co.</b> ( <i>Secundaria Seguro</i> )		
<b>Primary Insurance Numbers &amp; Group</b> ( <i>Principal grupo y numeros de seguro</i> )		<b>Secondary Insurance Numbers &amp; Group</b> ( <i>Secundaria grupo y numeros de seguro</i> )		

## Past Medical History

<b>Allergies</b> ( <i>Alergias</i> ) <input type="radio"/> None ( <i>ninguno</i> ) <input type="radio"/> Unknown ( <i>no sabe</i> ) <b>Medical Allergies:</b> ( <i>Alergias</i> ): _____ _____ _____ _____ _____	<b>Cardiac</b> ( <i>Cardiaco</i> ) <input type="radio"/> None ( <i>ninguno</i> ) <input type="radio"/> Unknown ( <i>no sabe</i> ) <input type="radio"/> Angina ( <i>angina de pecho</i> ) <input type="radio"/> Arrhythmia ( <i>arritmia</i> ) <input type="radio"/> Cardiomyopathy ( <i>miocardiopatía</i> ) <input type="radio"/> CHF <input type="radio"/> Congenital ( <i>congenital</i> ) <input type="radio"/> Implanted Defib ( <i>defibrilador implantado</i> ) <input type="radio"/> MI <input type="radio"/> Other _____	<b>Surgery</b> ( <i>Cirugia</i> ) <input type="radio"/> None ( <i>ninguno</i> ) <input type="radio"/> Unknown ( <i>no sabe</i> ) <input type="radio"/> Abdominal ( <i>abdominal</i> ) <input type="radio"/> Heart ( <i>corazón</i> ) <input type="radio"/> Lung ( <i>pulmonar</i> ) <input type="radio"/> Neurological ( <i>neurológicos</i> ) <input type="radio"/> Other _____ _____ _____
<b>Chronic Illnesses</b> ( <i>Enfermedades cronicas</i> )		
<input type="radio"/> None ( <i>ninguno</i> ) <input type="radio"/> Asthma ( <i>asma</i> ) <input type="radio"/> Bleeding Disorder ( <i>trastorno sangrado</i> ) <input type="radio"/> Cancer ( <i>cáncer</i> ) <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic ( <i>diabetes</i> )	<input type="radio"/> Dialysis/Renal ( <i>diálisis/Renal</i> ) <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches ( <i>dolores de cabeza</i> ) <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension ( <i>hipertensión</i> ) <input type="radio"/> Paralysis ( <i>parálisis</i> )	<input type="radio"/> Psychological ( <i>psicológica</i> ) <input type="radio"/> Seizures ( <i>convulsions</i> ) <input type="radio"/> Substance Abuse ( <i>abuso de sustancias</i> ) <input type="radio"/> TB <input type="radio"/> Unknown ( <i>no sabe</i> ) <input type="radio"/> Other _____ _____

