



Medical History Form

For Emergencies Dial 911

Poison Control: 1-800-222-1222

Mental Health Crisis Services:
Jackson County: 541-774-8201
Josephine County: 541-474-5360

Patient Information

Patient Name:		Updated:	
Street Address:		Phone #:	
City:		Zip Code:	
Date of Birth:	Age:	Weight:	Male Female

Emergency Contact

Name:		Relationship	
Phone Number #1:		Phone Number #2:	

Physician Information

Physician's Name:		Hospital Preference:	
Physician's Phone Number:		Insurance Company:	

Medical History

Medical Conditions:

Current Medications

Medications:

Allergies

Allergies:

Do you have a POLST form (DNR)?

Yes

No