Senior Care Joy Medical Emergency File™

A simple checklist to help families organize important medical information for their loved ones.

> **"When every minute matters, having the right information can make all the difference."**

Name: _____

Prepared On: _____

Last Updated: _____

Next Review Date: _____

Senior Care Joy Medical Emergency File™

1. Personal Information

- ☐ Full Name
- ☐ Date of Birth
- ☐ Recent Photograph
- ☐ Blood Group
- ☐ Aadhaar Number
- ☐ PAN Card
- ☐ Passport (if applicable)
- ☐ Address
- ☐ Emergency Contact 1
- ☐ Emergency Contact 2
- ☐ Primary Caregiver

2. Medical Summary

Primary Medical Conditions

- ☐ Diabetes
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Kidney Disease
- ☐ Stroke
- ☐ Parkinson's Disease
- ☐ Dementia
- ☐ Arthritis
- ☐ Asthma/COPD
- ☐ Cancer
- ☐ Other

Family Doctor

Name _____

Phone _____

Hospital _____

3. Current Medication List

Medicine	Dose	Morning	Afternoon	Night	Purpose

4. Allergies

☐ No Known Allergies

Medicine Allergies _____

Food Allergies _____

Other Allergies _____

5. Previous Surgeries

Surgery	Hospital	Date

6. Medical Devices

- ☐ Pacemaker
- ☐ CRT-D
- ☐ ICD
- ☐ Heart Stent
- ☐ Hip Replacement
- ☐ Knee Replacement
- ☐ Cochlear Implant
- ☐ Oxygen Support
- ☐ CPAP/BiPAP
- ☐ Other

7. Important Medical Reports

Keep Copies Of

- ☐ Latest Blood Tests
- ☐ ECG
- ☐ Echocardiogram
- ☐ X-ray
- ☐ CT Scan
- ☐ MRI
- ☐ Ultrasound
- ☐ Specialist Reports
- ☐ Hospital Discharge Summaries

8. Vaccination Record

☐ Influenza	Date	_____
☐ Pneumococcal	Date	_____
☐ COVID-19	Date	_____
☐ Tetanus	Date	_____
Other	Date	_____

9. Hospital History

Hospital	Reason	Date

10. Insurance Information

Insurance Company _____

Policy Number _____

Customer Care Number _____

Cashless Hospital Network _____

Policy Renewal Date _____

Health Card Attached ☐ Yes ☐ No

11. Doctor Directory

Specialty Doctor	Contact
Family Physician	
Cardiologist	
Neurologist	
Orthopaedic	
Geriatrician	
Physiotherapist	

12. Emergency Contacts

Primary Caregiver _____

Relationship _____

Phone _____

Nearest Relative _____

Phone _____

Neighbour _____

Phone _____

Ambulance _____

Hospital Emergency _____

13. Important Documents Attached

- ☐ Aadhaar
- ☐ PAN
- ☐ Insurance Card
- ☐ Health Card
- ☐ Blood Group Report
- ☐ Previous Discharge Summary
- ☐ Prescription
- ☐ Advance Medical Directive (if applicable)
- ☐ Organ Donor Card (if applicable)

14. Grab-and-Go Checklist

Before Leaving For Hospital

- ☐ Medical File
- ☐ Current Medicines
- ☐ Doctor Prescriptions
- ☐ Insurance Card
- ☐ Aadhaar Card
- ☐ Mobile Charger
- ☐ Glasses
- ☐ Hearing Aid
- ☐ Walking Stick / Walker
- ☐ Dentures
- ☐ Emergency Cash/Card

15. Every 6 Months, Remember To Update

- ☐ Medication List
- ☐ New Reports
- ☐ Insurance Policy
- ☐ Doctor Numbers
- ☐ Emergency Contacts
- ☐ New Diagnoses
- ☐ Vaccinations

Senior Care Joy's Emergency Preparedness Tips

- ✓ Keep one printed copy near the main entrance or in an easily accessible place.
- ✓ Save a digital copy in Google Drive.
- ✓ Share access with trusted family members.
- ✓ Inform caregivers where the file is stored.
- ✓ Review and update the file every six months or after any major hospitalization.