

MedWatch - EMERGENCY DOCUMENT				
NAME: (first, middle, last)		_ DATE COMPLETED:		
Address:		_ DATE OF BIRTH:		
BC Health Care Card #:	_ Phone #:	Cell #		
Family Doctor:	_ Phone #			
First Language: English	Other			
		•		
MEDICAL CONDITIONS				
List any Medical Conditions (diabetes, heart, allergies)				
EMERGEN	ICY CONTACT			
NAME Phone#		Relationship		
NAME Phone#		Relationship		
Are you a Caregiver for someone in your home?	YES	NO		
Name of Person:				
If yesCAN THE PERSON IN YOUR CARE BE LEFT ALONE?	YES	NO _		
Details (Alzheimer's, Disabled etc.)				
ADVANCE CARE PLAN FORMS				
MOST Form Tem	nporary Substitutio	n Decision Maker (TDSM)		
Representation Agreement No C	Cardiopulmonary R	Resuscitation (DNR)		
My faith/religion may affect my health care decisions	YES	NO		

<sup>\*</sup>Keep your medication list up to date on back of this form or attach. Update as medications change.







MEDICATIONS	
List each medication below Update medications as they change Your Pharmacist can give you a print out, attach print out to form	

Medications	Dosage	Prescription Date



Once form is completed, put 1 copy into your MedWatch folder
Place on fridge or in cupboard
Place green sticker on the door where documents are kept for Emergency Responders to find

MedWatch is a partnership with the Doctors of Langley and Township of Langley Firefighters' Charitable Society





