

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)

EMERGENCY CONTACT

NAME	Phone#	Relationship
NAME	Phone#	Relationship

Are you a Caregiver for someone in your home? YES ☐ NO ☐

Name of Person: _____

If yes...CAN THE PERSON IN YOUR CARE BE LEFT ALONE? YES ☐ NO ☐

Details (Alzheimer's, Disabled etc.) _____

ADVANCE CARE PLAN FORMS

MOST Form ☐ Temporary Substitution Decision Maker (TDSM) ☐

Representation Agreement ☐ No Cardiopulmonary Resuscitation (DNR) ☐

My faith/religion may affect my health care decisions YES ☐ NO ☐

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

MEDICATIONS	
-------------	--

- 333

[illegible]

MEDWATCH

-

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