

TREE OF LIFE

Emergency & Medical Info Form



Name & Surname:

Identity Number:

Taking a few minutes now can save your loved ones confusion, stress and heartache later — this form is a gift of clarity when it's needed most.

Tips for Use:

- Keep a printed copy in your home (fridge/pinboard) and carry a mini wallet card version.
- Update every 6–12 months or after major changes.
- Also share electronically with key contacts or upload to a secure app.

1. Personal Details

Full Name	:		
Date of Birth	:		
Address:	:		
Phone(s):	:		
ID/Passport No.:	:		

2. Emergency Contacts

Primary Contact Person:

Name	:			
Relation	:		Phone:	

Secondary Contact:

Name	:			
Relation	:		Phone:	

Other Contact:

Name	:			
Relation	:		Phone:	

3. Medical Coverage

Medical Aid / Insurer	:			
Plan Name	:		Member No.:	
Medical Scheme Tel	:			

4. Health Overview

Known Diagnoses:

Chronic Conditions (e.g. diabetes, asthma):

Past Surgeries / Hospitalisations / Year:

5. Current Medications / Dosage / Frequency

6. Allergies & Adverse Reactions

Drug Allergies (include reaction):

Food / Environmental Allergies:

Other (e.g. latex, contrast dye):

7. Healthcare Providers

Primary Doctor:

Name : Tel :

Address :

Specialists (e.g. cardiologist, endocrinologist):

Preferred Hospital(s):

Pharmacy:

Pharmacy Name : Tel :

8. Consent & Legal Info

Organ Donor? : ☐ Yes ☐ No

Power of Attorney / Living Will:

Has one : ☐ Yes ☐ No

Reference
Location :

Any advance care directives?

9. Mobility & Assistance Needs

☐ Ambulatory ☐ Cane ☐ Walker ☐ Wheelchair

Other Notes:

10. Other Important Info

Insurance Policy Nos.:

Blood Type / Rhesus:

Implanted Devices (pacemaker, stents):

Special Instructions (e.g. 'do not resuscitate'):

11. *Final Wishes & Funeral Plan (optional, but valuable)

Funeral Plan
Provider :

Policy Number :

Contact Number
for Claims: :

No preference



We Care
for your Health!



Other Notes:

