

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 : [REDACTED]

Plan Name : [REDACTED] Member No.: [REDACTED]

Medical Scheme Tel : [REDACTED]

4. Health Overview

Known Diagnoses:

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

Past Surgeries / Hospitalisations / Year:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5. Current Medications / Dosage / Frequency

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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?

[Redacted text area]

[Redacted text area]

9. Mobility & Assistance Needs

Ambulatory

Cane

Walker

Wheelchair

Other Notes:

[Redacted text area]

[Redacted text area]

[Redacted text area]

10. Other Important Info

Insurance Policy Nos.:

[Redacted text area]

Blood Type / Rhesus:

[Redacted text area]

Implanted Devices (pacemaker, stents):

[Redacted text area]

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

[Redacted text area]

[Redacted text area]

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

Funeral Plan Provider :

[Redacted text area]

Policy Number :

[Redacted text area]

Contact Number for Claims:

[Redacted text area]

Person Responsible for Arrangements:

Preferred Funeral Home (if any):

Your Preference: Burial Cremation No preference

Special Requests or Instructions:



Other Notes:

