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GREEN PAPER**

## Medical Alert

**Any time there is a medical emergency call 911 immediately.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Medical Concerns</b>	<b>Symptoms</b>	<b>Response</b>

Name of Nurse: \_\_\_\_\_ Signature of Nurse: \_\_\_\_\_

The purpose of this form is to identify medical concerns that may be fatal or have serious consequences. Examples are Dehydration, Aspiration, Seizures, Constipation/History of Bowel obstruction, Diet modifications, Cardiac conditions, Asthma, Pain management and serious Allergies. It is to be placed in the individuals MAR.

**\*\*\*THIS FORM IS TO BE USED IN CONJUNCTION WITH THE NURSING ASSESSMENT/ELP and SIGNIFICANT MEDICAL CONDITIONS. YOU ARE STILL RESPONSIBLE FOR ALL OF THE MEDICAL INFORMATION PRESENTED IN THESE ADDITIONAL DOCUMENTS.**