ADVANCE DIRECTIVES

NON-HOSPITAL DO NOT RESUSCITATE
☐ NO ☐ YES

HEALTH CARE PROXY (attach originals)
☐ NO ☐ YES

Emergency Contact - Can provide emergency housing? ( ) Yes ( ) No	
NAME (First, M.I., Last)	PHONE NUMBER
ADDRESS (Street, Apt./City/Zip Code)	
Emergency Contact - Can provide emergency housing? ( ) Yes ( ) No	
NAME/TITLE	PHONE NUMBER
ADDRESS # (Street, Apt./City/Zip Code)	

MEDICAL HISTORY

- ☐ Bleeding Problems
- ☐ Breathing Problems
- ☐ Depression
- ☐ Diabetic
- ☐ Dialysis
- ☐ Hearing Problems
- ☐ Heart Problems
- ☐ Memory Loss
- ☐ MRSA
- ☐ Seizures
- ☐ Sight Problems
- ☐ VRE
- ☐ Contacts
- ☐ Dentures
- ☐ Glasses
- ☐ Hearing Aid
- ☐ Isolation
- ☐ Lifeline
- ☐ Oxygen Dependent
- ☐ Pacemaker
- ☐ Prosthesis
- ☐ Walker
- ☐ Wheelchair

VACCINES

PNEUMOVAX DATE:	INFLUENZA DATE:

COMMUNITY AGENCIES:

☐ DSS ☐ NCHS ☐ OFA ☐ DOH
☐ MOW ☐ JCEO ☐ DDSO ☐ Catholic Charities

Case Worker: _____ Phone: _____

☐ Consumer Directed

PLEASE PLACE THIS ON THE FRONT OF YOUR REFRIGERATOR

VITAL LINK

Information between you and your doctor

Please call if you need assistance with this form.

(518) 565-4902
www.nyconnects.org

NY CONNECTS
CHOICES FOR LONG TERM CARE
CLINTON COUNTY

Please bring this packet with you WHENEVER you visit your doctor, the hospital, the emergency room, a health care provider or temporary shelter and ask them to help you keep it updated. Additional items to be taken it you must leave your home in an emergency: medicines, medical equipment and supplies, such as oxygen. Make arrangements for your pets.

NAME (First, M.I., Last)	Date Completed/Revised
DOCTOR'S NAME	PHONE NUMBER
PHARMACY NAME	
LOCAL	
MAIL ORDER	

REV: 03/09

NAME (First, M.I., Last)			ALLERGIES and REACTIONS (Include medications, food and environmental)
ADDRESS (Street, Apt. No/City/ State/ Zip Code)			
PHONE NO.	DATE OF BIRTH	NUMBER IN HOUSEHOLD	

CURRENT MEDICATIONS (including prescriptions and over - the-counter and herbal products) WRITE OR ATTACH CURRENT LIST

MEDICATIONS	DOSAGE	FREQUENCY	DATE STARTED	ENDED	DOCTOR	NOTES (Special Precautions for each medication, i.e. take on empty stomach) (Any Shots, i.e. tetanus)