

PRIDE OF KENTUCKY CHORUS

MEMBER MEDICAL FILE

PERSONAL INFORMATION

Name:

Address:

City/State/Zip:

Home Phone:

Cell Phone:

Date of Birth:

MEDICAL INFORMATION

1. Medications - List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers.

Name the Drug	Strength	Frequency Taken

2. Allergies to Food / Medication

Name the Drug	Reaction You Had

3. Medical History – Please indicate any medical condition of which we need to be aware.

4. Previous Surgery

5. Insurance Information – Please be sure to bring a copy of your current insurance card with you.

Insurance Company:

Member ID Number:

Phone Number:

PHYSICIANS

Please list all applicable physicians and their medical specialty. If additional space is needed, please note on the back of this form.

Physician Name:

Specialty:

Office Phone Number:

Please turn page over.

Physician Name:
Specialty:
Office Phone Number:
Physician Name:
Specialty:
Office Phone Number:

EMERGENCY CONTACTS

Name:	Relationship:	
Address:		
Day Phone:	Evening Phone:	Cell Phone:

Name:	Relationship:	
Address:		
Day Phone:	Evening Phone:	Cell Phone:

HOTEL INFORMATION

Please indicate the hotel in which you will be staying, if other than POKY Headquarters Hotel

Hotel Name:

Address:

Phone Number:

CONSENT TO AUTHORIZE TREATMENT

Should I require emergency treatment and a family member is not available to authorize treatment on my behalf, I have designated _____ to authorize any necessary medical treatment.

Signature _____ Date: _____

ADDITIONAL COMMENTS

All information will be kept strictly confidential and maintained solely by Janet Gowen.
Information will only be accessed by medical professionals as needed.

