

# Minnesota TRIAD

## Medical Information Program

MN TRIAD has been working with File of Life to develop a standardized medical information card for use throughout Minnesota, especially with TRIAD programs.



**Minnesota TRIAD**

**KEEP INFORMATION UP TO DATE**

Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ Date of Birth: / /

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL DATA**

Last Updated: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Blood Type: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Former Name: \_\_\_\_\_

Use pencil for ease in making changes.

Special Conditions/Remarks: \_\_\_\_\_

| Medication | Dosage | Frequency |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

SEE BACK OF CARD FOR ADDITIONAL INFORMATION  
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Recent Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Religion: \_\_\_\_\_

Living Will on file at: \_\_\_\_\_

Health Care Proxy on file at: \_\_\_\_\_

Do you have an **EMERGENCY DIRECTIVE** or a **DNR** form?  
YES ( ) NO ( ) Where is it located? \_\_\_\_\_

**MEDICAL CONDITIONS**

Check all that apply

|   |   |
|---|---|
| <input type="checkbox"/> No known medical conditions  | <input type="checkbox"/> Hemophilia               |
| <input type="checkbox"/> Abnormal EKG                 | <input type="checkbox"/> Hemolytic Anemia         |
| <input type="checkbox"/> Adrenal Insufficiency        | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Angina                       | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Hypothyroidism           |
| <input type="checkbox"/> Bleeding Disorder            | <input type="checkbox"/> Leukemia                 |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Lymphoma                 |
| <input type="checkbox"/> Cardiac Dysrhythmia          | <input type="checkbox"/> Memory Impaired          |
| <input type="checkbox"/> Cataracts                    | <input type="checkbox"/> Myasthenia Gravis        |
| <input type="checkbox"/> Choking Disorder             | <input type="checkbox"/> Osteoporosis             |
| <input type="checkbox"/> Coronary Bypass Graft        | <input type="checkbox"/> Partial Deafness         |
| <input type="checkbox"/> Diabetes ( ) Adult-onset ( ) | <input type="checkbox"/> Patent Ductus Arteriosus |
| <input type="checkbox"/> Diabetes/Insulin Dependent   | <input type="checkbox"/> Sickle Cell Anemia       |
| <input type="checkbox"/> Eye Surgery                  | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Glaucoma                     | <input type="checkbox"/> Tuberculosis             |
| <input type="checkbox"/> Hearing Impaired             | <input type="checkbox"/> Vision Impaired          |
| <input type="checkbox"/> Heart Valve Prostheses       |   |
| <input type="checkbox"/> Other: _____                 |   |

**ALLERGIES**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Aspirin       | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin         |
| <input type="checkbox"/> Barbiturates  | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfis             |
| <input type="checkbox"/> Caffeine      | <input type="checkbox"/> Lobelia       | <input type="checkbox"/> Tetracycline       |
| <input type="checkbox"/> Salicylate    | <input type="checkbox"/> Nuxvomine     | <input type="checkbox"/> X-ray Dyes         |
| <input type="checkbox"/> Henna Dye     | <input type="checkbox"/> Quinine       | <input type="checkbox"/> No Known Allergies |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Neostigmine   |   |
| <input type="checkbox"/> Other: _____  |  |   |

**MEDICAL INSURANCE**

Met Life Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Other Met Life Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Medicare # \_\_\_\_\_

Use pencil for ease in making changes.

| Medication | Dosage | Frequency |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

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These cards include the medications at the bottom of the card, so it's easier to replace information when your medications are changed.

Additional cards and medication cards are available for download from the MN TRIAD website.

- The packets include:**
- \*1 Refrigerator magnet with sponsor card
  - \*1 Personal size holder with sponsor card
  - \*1 standard door decal (File of Life)
  - \*1 customized vehicle decal (shown above).

**Per packet prices are:**

|              |              |
|--------------|--------------|
| <b>1,000</b> | <b>5,000</b> |
| \$1.56       | \$1.17       |

**Individual piece prices:**

|              |              |   |
|--------------|--------------|---|
| <b>1,000</b> | <b>5,000</b> |   |
| \$ .76       | \$ .67       | 1 Refrigerator magnet with sponsor card   |
| \$ .40       | \$ .30       | 1 Personal size holder with sponsor card  |
| \$ .11       | \$ .08       | 1 standard door decal (File of Life)      |
| \$ .29       | \$ .12       | 1 customized vehicle decal (shown above). |

They are available for order directly from File of Life at [www.folife.org](http://www.folife.org), e-mail to [folife@folife.org](mailto:folife@folife.org) or call 1-800-814-1788 - just refer to the Minnesota TRIAD packet.

Contact MN TRIAD Secretary Pauline Fahey at [paulinefaheycc@gmail.com](mailto:paulinefaheycc@gmail.com) or 218-536-0899 with any questions.