



# Resident Reporter

PUBLISHED BY WMA  
455 CAPITOL MALL, SUITE 800  
SACRAMENTO, CA 95814

NOVEMBER 2004

## Medical & Emergency Contact Information

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security: \_\_\_\_\_

Phone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergic Reactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practical Information  
for Residents of Manufactured  
Home Communities

# Resident Reporter

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

Address: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Phone Number(s): \_\_\_\_\_

*Please fill out the emergency contact information and any other medical information that may be helpful to the paramedics and hospital. The more information available the faster you can be helped.*

### Emergency Contacts:

Name: \_\_\_\_\_  
(Relationship)

Phone: \_\_\_\_\_  
(Home) (Work) (Other)

Name: \_\_\_\_\_  
(Relationship)

Phone: \_\_\_\_\_  
(Home) (Work) (Other)

Name: \_\_\_\_\_  
(Relationship)

Phone: \_\_\_\_\_  
(Home) (Work) (Other)

### Other Medical Information

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Place in an envelope clearly marked "Medical/Emergency Information" for \_\_\_\_\_ and attach it to the side of your refrigerator.  
(your name)