

# Medical Network U.S Patient Information Form

Your Medical Network Doctor will use this information to guide your medical care, to ensure that your wishes and preferences are known, and followed. This form is thorough, and taking the time to answer fully will ensure that we can give you the best support possible. The subjects with a black asterisk (\*) may require confirmation and discussion by personal communication. A red (\*) marks required field.

\* Required

1. **First Name \***

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2. **Last Name \***

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3. **Address \***

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4. **Best Phone \***

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5. **Alternate Phone**

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6. **Email \***

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7. **Birth Date \***

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*Example: December 15, 2012*

8. **Birth Location \***

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**9. Cities in which you have lived for more than 1 year: \***

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**10. Marital Status \***

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**11. Primary Care Physician \***

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**12. Other Involved Physician**

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**13. Allergies \***

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**14. Active Medical Problems \***

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**15. Past Surgical History \***

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**16. Current Medications \***

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17. **Do you feel you have a medical problem that has not yet been diagnosed? \***

*Mark only one oval.*

Yes

No

18. **Do you have a hospital of preference for general medical problems, and basic emergency care? \***

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19. **If you suffer a serious trauma and need emergency hospitalization what is your hospital of preference? \***

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20. **If you need general surgery that is elective/semi-elective do you have a surgeon and/or hospital of preference? \***

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21. **If you need emergent orthopedic (bone/tendon/ligament) related surgery do you have a surgeon and/or hospital of preference? \***

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22. **Have you completed an "End of Life" form, or organ donor form? \***

*Mark only one oval.*

Yes

No

23. **Do you have a written will?**

*Mark only one oval.*

Yes

No

**24. How much training in Biology/Medicine do you have? \***

*Mark only one oval.*

- None
- High School Courses Only
- College Level Non-Major Courses
- College Level Advanced Courses
- M.D. or PH.D. Degree in the Biological Sciences

**25. Any comments?**

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**26. What is your primary area of education/expertise? \***

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**27. Have you read "Medical Wisdom?" \***

*Mark only one oval.*

- Yes
- No

**28. Do you own a copy of "Medical Wisdom?" \***

*Mark only one oval.*

- Yes
- No

**29. What version of "Medical Wisdom" would you prefer? \***

*Mark only one oval.*

- Paper
- Electronic
- Both

30. **Would you wear an identifying bracelet or amulet to allow emergency personnel to know that you are a member of The Network, and to allow them to contact The Network immediately in time of need? \***

*Mark only one oval.*

Yes

No

31. **If you will not be wearing an identifying Bracelet/Amulet, a single person close to you should be designated as the person to contact The Network, if you are unable to do so yourself. This will allow our physicians to immediately ensure that your medical care is optimal. If the person you choose is someone other than your emergency contact above, please list below.**
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32. **You may choose more than one.**

*Check all that apply.*

Bracelet

Amulet

Medical Network Wallet/Purse I.D. Card

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