



EMERGENCY MEDICAL INFORMATION SHEET
Provided by The Canadian Addison Society

I have **ADDISON'S DISEASE** (adrenal insufficiency) and am on **replacement treatment with adrenal hormones**

Name:	Address:
DOB:	
In case of emergency, please contact:	Phone: Home:
	Cell:
Doctors: Endocrinologist	Phone:
Family doctor	Phone:

Emergency Treatment:

Intravenous Solucortef and Saline

Addison's Medication:

Other Medical Conditions:

Other Medications: (Types)

Allergies:

Other Medical Information:

HOW TO USE THIS FORM:

1. PRINT OUT THIS DOCUMENT
2. FILL OUT RELEVANT INFORMATION
3. PLACE THE COMPLETED FORM SOMEWHERE THAT IS EASILY ACCESSIBLE TO ANYONE SHOULD YOU FIND YOURSELF IN A CRISIS SITUATION.

(i.e. on the refrigerator, or beside the telephone)