



**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**

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

**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)