

Stroke Comeback Center Emergency Care Card

Initial Date: _____

Updated: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Member Email: _____

Date of Stroke/Accident: _____ Dietary Restrictions: _____

Diabetic: yes no History of Seizures: yes no

Have you served in the US Military? yes no Branch: _____

Did your spouse serve in the US Military? yes no Branch: _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Email: _____

Alternative Contact: Name: _____

Relationship: _____ Phone: _____

Primary Care Physician: _____

Phone: _____

Allergies (food, drug): _____

Medications (use back of sheet if necessary): _____

Other Pertinent Medical Information: _____

Unless a Durable Do Not Resuscitate Form accompanies this Emergency Card, all heroic measures will be taken to preserve life in the event of a medical emergency. This includes CPR, endotracheal intubation, artificial ventilation and defibrillation. The Durable DNR program is legislated by the Virginia General Assembly and administered by the Virginia Department of Health, Office of Emergency Medical Services. If you desire further information about Durable DNR, please inform the administration of the Center.

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Disclaimer: SCC does not diagnose any conditions or provide a plan of treatment