

# 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.

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

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