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MEDICAL DATA SHEET

IN CASE OF ANY EMERGENCY PRESS YOUR PANIC BUTTON.

This form must be placed behind your main bedroom door. It is there for use in an emergency and when you cannot speak for yourself.

RESIDENT (Note that a separate form for each resident in the unit is required.)

Unit number	
Resident Name & Surname	
ID number	
Cell phone number	

NEXT OF KIN CONTACT DETAILS

1. Name	
Relationship	
Contact number	
2. Name	
Relationship	
Contact number	

MEDICAL INFORMATION

Hospital of Choice	
Medical aid name	
Medical aid number	
Tel number for Authorisation	
Family doctor name	
Tel number doctor	
Allergies	
Blood type	
Medical condition/s	
Current Medication	
List of Chronic Medication	
Detail of all operations	
Are you an Organ Donor	YES NO
Do you have a living will	YES NO
