

Imperial County Area Agency on Aging
Dementia Care Division
MedicAlert Safe Return Program New Member Portal

First Name: _____ Last Name: _____
Date of Birth: _____ Social Security Number: _____ Gender: _____
Phone Number: _____ Phone Type: _____ e-mail: _____
Address _____

MEDICAL CONDITIONS

List the member's medical conditions or select "No known medical conditions."

No known medical condition _____

List medical conditions _____

ALLERGIES

List the member's allergies or select "No known allergies."

No known allergies _____

List allergies _____

MEDICATIONS

List the member's medications or select "No known medications."

No known medications _____

List medication _____

IDENTIFYING INFORMATION

Medical ID Bracelet size: to determine your size, snugly wrap a tape measure around your wrist, then add half an inch. Size: _____

For example: If your wrist measures 7 inches around, you'll need to order a 7.5 inch bracelet.

Height _____ Weight _____ Eye Color _____ Hair Color _____ Language _____ Race _____
_____ Ethnicity _____ Skin Tone _____

Others mark with X: Wig _____ Hearing Aid _____ Contacts _____ Beard _____ Mustache _____ Dentures _____

Veteran _____ Glasses _____ Cane _____

Mole, Location: _____

Scar, Location: _____

Tattoo, Location: _____

Birthmark, Location: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

PHYSICIAN DETAILS

Physician Name: _____ Physician Last Name: _____

Physician Specialty: _____ Phone: _____