



Clinical Update Form

ASK YOUR DOCTOR

Request a MedicAlert® e-referral to automatically update your vital Emergency Medical Information and Warnings

(Requires Medtech 32)

MedicAlert Free Phone: 0800 840 111

Online Version



Medical Warnings This form is to be completed by your Medical Practitioner

Patient Name	TITLE	FIRST	SECOND	LAST
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Membership No.	
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Patient Details

D.O.B	Gender (circle)	M / F
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Address	
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City	Postcode
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Home phone	Work phone
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Mobile	
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Email	
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Emergency Contact (Family or Friend) Information

Relationship	
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Title	Dr. / Mr / Mrs / Miss / Other
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First name	Surname
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Address	
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City	Postcode
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Home phone	Work phone
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Mobile	
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Email	
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Doctors

Doctor (GP)	NZMC No.
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Practice name	
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Address	
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City	Postcode
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Work phone	Mobile
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Specialist	NZMC No.
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Practice name	
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Address	
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City	Postcode
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Work phone	Mobile
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Emblem Engraving

Tick to indicate the Patient's Medical conditions (or record below).

Circle up to six (6) Warnings, Allergies or Conditions (in total) that must be engraved for alerting.

Please select engraved conditions with first responders in mind. Please note:

- Emblems allow limited information due to size restrictions (maximum of 23 characters per line).
- Some emblems allow only two lines.
- Standard medical terminology abbreviations are used.

Record Medical Conditions / Devices not listed

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Record Allergies / Warnings not listed

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Anaphylaxis (please specify cause of risk)	
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Has been assessed by 'CARM' (circle)	Yes	No
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Medications not engraved

List	Dosage	Frequency
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Please attach a separate sheet of paper with more information if required.

NHI #:	Blood Group:
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Patient Instructions

Advance Directive (Copy Required)	Emergency Action Plan (Copy Required)
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Organ Donor	
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Medical Condition / Diagnosis

Angina	Autism
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Atrial Fibrillation (AF)	Attention Deficit Disorder (ADD)
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Coronary Artery Disease (CAD)	Asperger's Syndrome
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Coronary Artery Bypass Graft (CABG)	Attention Deficit Hyperactivity Disorder (ADHD)
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Congestive Heart Failure (CHF)	Pervasive Developmental Disorder (PDD)
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Ischaemic Heart Disease (IHD)	Anxiety
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Transient Ischaemic Attack (TIA)	Chronic Obstructive Pulmonary Disease (COPD)
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Cerebrovascular Accident / Disease (specify)	Acquired Immunodeficiency Syndrome (AIDS)
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Hypertension	Asthma
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Cancer (specify)	Diabetes
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Pulmonary Embolism	Hypoglycemia
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Deep Vein Thrombosis (DVT)	Epilepsy
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Haemophilia (specify)	Multiple Sclerosis
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Hypercholesterolaemia	Alzheimer's / Dementia (specify)
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Hypothyroidism	Foetal Alcohol Syndrome
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Muscular Dystrophy	Glaucoma
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von Willebrand's Disease	Rheumatoid Arthritis
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Motor Neurone Disease	Osteoarthritis
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Renal Failure	No known medical conditions
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Organ Transplant (specify)	
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Medical Devices

Heart Valve Replacement Aortic / Mitral (specify)	Hearing Aids L R or Both (specify)
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Implanted Medical Device Pacemaker / ICD (specify)	Cochlear Implant L R or Both (specify)
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Medical Warnings

Anaesthesia Alert (specify)	Difficult Intubation
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	Malignant Hyperthermia
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Bleomycin Therapy	Avoid High Flow Oxygen
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CO2 Retainer	On Haemodialysis
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Lymphoedema Alert	No BP IV or Injections L or R Arm (specify)
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Hearing Impaired	Non Verbal
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Vision Impaired	Wears Contact Lenses
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Medication Risks

On Insulin	On Anticoagulants
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On Thyroxine	On Anticonvulsants
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On Steroids	On Immunosuppressants
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On Ritalin	
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Reg. Medical Professional Authorisation

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<input checked="" type="checkbox"/>	I am the patient's Enrolled General Practitioner
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Return completed enrolment form to:

Membership Services
MedicAlert Foundation NZ Inc.
PO Box 40028, Upper Hutt 5140

ORDERING AN EMBLEM

Activate your account then order online at: www.MedicAlert.co.nz or call 0800 840 111 to request a form.