

SICKLE CELL DISEASE EDUCATIONAL SEMINAR: INTEGRATIVE MEDICINE & SICKLE CELL DISEASE

HEALTH CARE FORM

SICKLE CELL WARRIOR EMERGENCY MEDICAL FORM

Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

EMERGENCY CONTACTS

Emergency Contact #1

Name _____ Relationship _____

Contact Number _____ Alternate Contact Number _____

Emergency Contact #2

Name _____ Relationship _____

Contact Number _____ Alternate Contact Number _____

MEDICAL INFORMATION

Provider: _____ Phone: _____

Medical Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

CARE PLAN

Medical History/Diagnosis: _____

Known Allergies: _____

Medications (please include doses): _____

IN THE EVENT OF A SICKLE CELL PAIN CRISIS, PLEASE CONSIDER THE FOLLOWING TREATMENT:

SIGNATURES:

Physician/Healthcare Provider: _____ **Date:** _____

Patient: _____ **Date:** _____

Disclaimer: Please make sure to maintain a professional etiquette during the seminar at all times. Dress code is business casual (be prepared for cooler temperatures indoor. OK to bring your own heating blanket). Plan ahead with what you need to stay healthy and in touch (bring power cords for your devices, medications, business cards, snacks). As for medications, in California, though it is legal to have medical marijuana, please note that there is no smoking or vaping in or around the seminar site and there is no smoking or vaping in or around the hotel premises.