



# Diocese of Joliet

Religious Education Office  
430 North Center Street  
Joliet, Illinois 60435

815-727-6411  
Fax 815-722-7361

## ADULT MEDICAL INFORMATION FORM

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Phone #'s: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Contact Name and Number(s): \_\_\_\_\_

### Allergies and Medical History

Allergic to medication/other? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

Medications presently taking: \_\_\_\_\_

**Please list other Health Problems and Describe** (use additional paper, if necessary)

Problem	Description

### Insurance Information

Policy in the name of \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Identification Number and/or Social Security Number \_\_\_\_\_

Authorized Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

**NOTE: Please attach a photocopy of your insurance card(s)**