



## Medical Information Record

Name

Emergency Contact Name/Phone Number

Physician Name/Phone Number

Pharmacy Location/Phone Number

Medications/Supplements	Dosage	Frequency

Last Updated: \_\_\_\_\_



## Medical Information Record

Name

Emergency Contact Name/Phone Number

Physician Name/Phone Number

Pharmacy Location/Phone Number

Medications/Supplements	Dosage	Frequency

Last Updated: \_\_\_\_\_

**Allergies and Medications You Cannot Take—Why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Immunizations:**

Tetanus \_\_\_\_\_ Pneumococcal \_\_\_\_\_  
Influenza \_\_\_\_\_ Other \_\_\_\_\_

**Organ donor?**                    \_\_\_ Yes     \_\_\_ No  
**Living Will?**                    \_\_\_ Yes     \_\_\_ No  
**Healthcare Power of Attorney?** \_\_\_ Yes     \_\_\_ No

If yes, who should be contacted?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other important health information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Put a copy of this card where others can find it in case of emergency— in your purse or wallet, on your refrigerator and in the glove compartment of your car.*

**Blood Pressure**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Allergies and Medications You Cannot Take—Why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Immunizations:**

Tetanus \_\_\_\_\_ Pneumococcal \_\_\_\_\_  
Influenza \_\_\_\_\_ Other \_\_\_\_\_

**Organ donor?**                    \_\_\_ Yes     \_\_\_ No  
**Living Will?**                    \_\_\_ Yes     \_\_\_ No  
**Healthcare Power of Attorney?** \_\_\_ Yes     \_\_\_ No

If yes, who should be contacted?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other important health information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Put a copy of this card where others can find it in case of emergency— in your purse or wallet, on your refrigerator and in the glove compartment of your car.*

**Blood Pressure**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_