

## **Medical Information Record**

Last Updated:\_\_\_\_



## **Medical Information Record**

Name				Name			
Emergency Contact Name/Phone Number			Emergency Contact Name/Phone Number				
Physician Name/Phone Number				Physician Name/Phone Number			
Pharmacy Location/Phone Number			_	Pharmacy Location/Phone Number			
		_					
Medications/Supplements	Dosage	Frequency	]	Medications/Supplements	Dosage	Frequency	
			]				
			4				
			-				
			1				
			1				
			1				
			_				
			_				
			-				
			-				
			1				
			1				
	est Undated	•			Last Updated:	•	

Allergies and Medications You Cannot Take—Why?	Blood Pressure	Allergies and Medications You Cannot Take—Why?	Blood Pressure	
	Date:		Date:	
	Date:			
Date of Immunizations:		Date of Immunizations:		
Tetanus Pneumococcal Influenza Other	Date:	Tetanus Pneumococcal Influenza Other		
Organ donor?Yes	_No	Organ donor?Yes	. No	
Living Will?Yes	_No	Living Will?Yes	No	
Healthcare Power of Attorney?Yes	_No	Healthcare Power of Attorney?Yes	No	
If yes, who should be contacted?		If yes, who should be contacted?		
Name:		Name:		
Phone:		Phone:		
Other important health information:		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.

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