



**ABOUT YOU**

Fill out this card with help from your healthcare provider. Keep it with you in your wallet, purse or other safe place.

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Blood Type: \_\_\_\_\_  
 Primary Language Spoken: \_\_\_\_\_  
 \_\_\_\_\_

**Allergies** (medicine, food or other):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Conditions** (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Needs** (hearing, speaking, seeing, moving):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Equipment / Supplies / Other Needs:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACTS**

**1<sup>st</sup> Emergency Contact**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact** (someone who lives out of town)  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Other Important Numbers** (doctor, service providers)  
 \_\_\_\_\_  
 \_\_\_\_\_

**IN AN EMERGENCY:**

- Follow your emergency plan and instructions from local officials.
- Keep this important information with you.
- Take medicines and important supplies with you if you have to leave your home.



**Health Information Card**

Fold on dotted line

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>MEDICINE</b>	<b>DOSE</b>	<b>WHEN DO YOU TAKE IT?</b>	<b>PURPOSE</b>
Name of medication and strength	How many pills, units, puffs, drops per dose?	How many times a day? Morning & night? After meals?	Why do you take it?

■ Write all of the prescription drugs, over the counter drugs, vitamins, herbal supplements that you take. ■ Keep this list up to date (cross out medicines you no longer take). ■ Fill it out with the help of your doctor, pharmacist or other care provider. ■ Take your medicine how it is prescribed. ■ Prepare to take medicine with you in an emergency.

**YOUR MEDICINE RECORD**