Health Information Card

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:

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Birth Date:

Blood Type:

Primary Language Spoken:

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Allergies (medicine, food or other):

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

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Special Needs (hearing, speaking, seeing, moving):

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Special Equipment / Supplies / Other Needs:

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EMERGENCY CONTACTS

1st Emergency Contact

Name:

Phone:

2nd Emergency Contact (someone who lives out of town)

Name:

Phone:

E-mail:

Other Important Numbers (doctor, service providers)

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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.

PHILADELPHIA Department of Public Health

Fold on dotted line

YOUR MEDICINE RECORD

- 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.

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