



Another resource from *PATIENT AND CAREGIVER SUPPORT**

PERSONAL MEDICAL INFORMATION SHEET

*Dedicated to providing CARE (Connections, Assistance, Resources and Encouragement) for patients, caregivers, spouses and families

3/11

NOTE: COMPLETE FORM FOR EACH FAMILY MEMBER - KEEP COPIES AT HOME, AT WORK, IN YOUR VEHICLE, AND IN YOUR WALLET OR PURSE. **UPDATED** _____

NAME _____ **BIRTH DATE** _____ **PHONE** _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PRIMARY DOCTOR _____ **PHONE** _____

BLOOD TYPE _____ **MEDICAL HISTORY/CONDITION** _____

DRUG/FOOD ALLERGIES _____

MEDICATIONS	DOSE/RATE	SUPPLEMENTS	DOSE/RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT PERSON	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOSPITAL PREFERENCE/PHONE _____

HEALTH CARE DECISIONS/DURABLE POWER OF ATTORNEY CONTACT _____

OTHER DOCTORS/ADDITIONAL INFORMATION _____

This information is neither intended nor implied to be a substitute for professional medical guidance. Always seek the advice of your physician or other qualified health provider prior to making decisions about your medical care.