

# Health Information Card

## EMERGENCY CONTACTS

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

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

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

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

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Blood Type:** \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_  
\_\_\_\_\_

### 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.



## ABOUT YOU

- 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

### 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?

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