

Name (legal name if different)	
Pronouns	
Birthdate	
Phone	
Email	
Address	
Gender	
Preferred Language	
Blood Type	

Allergies (food, medicine, other)
Medical Conditions
Additional medical/communication needs

Emergency Contact 1
Name:
Phone:
Emergency Contact 2
Name:
Phone:
Important Numbers (doctor, pharmacy, etc.)

Health Information Card



Keep this card with you in your wallet, purse, or other safe place.

YOUR MEDICINE RECORD

Write all of the prescription drugs, over-the-counter drugs, vitamins, and herbal supplements that you take. Keep this list up to date (use a pencil or cross out changes to your medications).

Fill out with the help of your doctor, pharmacist or other healthcare provider. Take medicine as prescribed, and prepare to bring medicine with you in case of an emergency.

Equipment, Supplies,

Other Supports

(refrigerated meds, oxygen, etc.)

Medicine

Name of medication, purpose and strength

Dose

How many pills, puffs, units, or drops per dose

Frequency

How many times a day