

# Medical Information Sheet

This is a great quick reference so you can have everything at your fingertips for a phone consultation with a doctor or a trip to the ER. You'll want to make a copy and fill out one for each member of your household. Slip this into a vinyl page protector along with the pharmacy information sheet for any and all prescriptions.

Full Name: \_\_\_\_\_ Birth date: / / SSN: \_\_\_\_\_

## Insurance Information

Policy/Plan Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Immunization Records

Date given	Immunization	Given by
/ /	_____	_____
/ /	_____	_____
/ /	_____	_____
/ /	_____	_____
/ /	_____	_____

**Medical Alert ID:** \_\_\_\_\_

## Allergies (environmental & medical)

\_\_\_\_\_  
 \_\_\_\_\_

## Medical History/Chronic Illnesses (high blood pressure, high cholesterol, pace maker, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

## Medications

Medication/Dosage	Began taking	Prescribed by
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

## Surgeries

Date	Procedure	Performed by
/ /	_____	_____
/ /	_____	_____