

Medical History

Name:

D O B

Chronic Health Conditions

Allergies:

In an emergency, call:
name, phone

Primary Care Doctor:
name, phone

:

Specialists:

specialty, nme, phone

Medications / prescriptions

as of (date)

Breakfast

name, strength, dose

Lunch

name, strength, dose

Supper

name, strength, dose

Bedtime

name, strength, dose

Immunizations:

date + type

My Medical History

Surgeries:

date, type, hospital

Medical Tests:

date, type, place

:

My Medical History

is in dollar bill section
of THIS wallet

You may want to cut this out and put in a window of your wallet.

Folding tip --

- A) fold 8 1/2 X 11 inch paper lengthwise. TWICE (2 1/2 X 11 inches)
- B) then fold it in half end-to-end (2 1/2 X 5 1/2 inches)
- C) Your folded Medical History will be slightly smaller than a dollar bill
- D) On the OUTSIDE of the paper have “MY MEDICAL HISTORY” so it is easily recognized by emergency personnel.

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