

health-at-a-glance

Name

Date of Birth

ALLERGIES/REACTIONS

MEDICAL CONDITIONS (PROBLEMS)

CURRENT MEDICATIONS, VITAMINS, SUPPLEMENTS, AND HERBS: DAILY AND OCCASIONALLY (INCLUDE DOSE AND DIRECTIONS)

SIGNIFICANT FAMILY MEDICAL CONDITIONS

DATE OF LAST IMMUNIZATION

Tetanus

Pneumonia

Flu

PRIMARY-CARE PROVIDER/FAMILY DOCTOR

Name

Telephone

Address

EMERGENCY CONTACT

Name

Telephone

Relationship

Living Will

☐ Yes

☐ No

Blood Type

Durable Power of Attorney

Telephone