

# Personal and Family Health Information

This form will help you create a quick reference for yourself, family, babysitters and any others who may need it. Keep a photocopy of the completed form in your purse or wallet so it's handy during doctors' appointments and when filling prescriptions. The information also can be a lifesaver in emergencies or while traveling.

YOUR NAME

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ADDRESS

PHONE

Family Member

Date of Birth

Blood Type

Chronic Conditions and Allergies (including drug and food allergies)

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HEALTH INSURANCE COMPANY

PHONE

HEALTH INSURANCE GROUP #

HEALTH INSURANCE ID#

DENTAL PLAN

PHONE

ID#

VISION PLAN

PHONE

ID#

**EMERGENCY CONTACTS**

NEAREST RELATIVE

PHONE

FAMILY PHYSICIAN

PHONE

ADDRESS

PEDIATRICIAN

PHONE

ADDRESS

SPECIALIST

PHONE

ADDRESS

PHARMACY

PHONE

ADDRESS

HOSPITAL

NATIONWIDE POISON CONTROL HOTLINE: **1-800-222-1222**

**MEDICATION NOTES**

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Reminder: Be sure to periodically review all medications, including over-the-counter medicines, and supplements you and your family take with your health care professional and pharmacist.

The information suggested in this publication is not intended as a substitute for medical advice, nor does it suggest diagnoses for individual cases. Consult your health care professional to evaluate personal medical problems.