

My Health Information

Name _____

Address _____

City _____

State _____ Zip _____

SSN _____

Date of Birth _____ Male Female

Blood Type _____

Last Tetanus Shot _____

Emergency Contacts

Name _____ Area Code + Phone _____

Physician Contacts

Name _____ Specialty _____ Area Code + Phone _____

My Pharmacy

Current Health Conditions

- | | |
|---|--|
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Breast Feeding | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Other |
| <input type="checkbox"/> HIV | |

In case of an emergency, I prefer to go to:



Centennial Hills Hospital Medical Center
6900 North Durango Dr.

Desert Springs Hospital Medical Center
2075 E. Flamingo Rd.

Spring Valley Hospital Medical Center
5400 S. Rainbow Blvd.

Summerlin Hospital Medical Center
657 Town Center Dr.

Valley Hospital Medical Center
620 Shadow Ln.

Present Medications, Vitamins & Herbal Supplements

Name _____ Dose _____ #/Day _____

Family History

Cancer Heart Problems Diabetes

Other _____

Known Allergies & Drug Reactions

- | | |
|---|--|
| <input type="checkbox"/> None/Known | <input type="checkbox"/> Sulfa drugs |
| <input type="checkbox"/> Cephalosporin
(<i>Ceclor, Keflex, etc.</i>) | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Xanthines (<i>Theophylline</i>) |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other |