

**Allergies:**

(ex: medicines, foods, latex, etc.)

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I walk:  Independently  With Assist

Blood Type: \_\_\_\_\_

Flu Vaccine Season(s): \_\_\_\_\_

Pneumonia Vaccine Date: \_\_\_\_\_

Tetanus/Diphtheria/Pertussis

Date: \_\_\_\_\_

**Medical Conditions:**

(List medical conditions such as diabetes, epilepsy, heart problems, etc.)

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**In Case of Emergency Contact:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Medical Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fold this card and keep it in your wallet at all times – especially for doctor, hospital and pharmacy visits. Show this card to your physician before he or she prescribes a new medication for you.

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