

LEGAL NAME

Address, City, State, Zip

Phone, cell, email

INSURANCE	Company Name	Certificate # ADD	BC Plan ADD / BS Plan ADD	Rx BIN ADD
		Group # ADD	ADD PH / 800-XXX-XXXX	

Legal Health POA *	ADD Name	Relationship	Cell ADD	Work ADD	Work ADD
	ADD Name	Relationship	Cell ADD	Work ADD	Work ADD
	ADD Name	Relationship	Cell ADD	Work ADD	Work ADD

DOB xx-xx-19xx

HEIGHT/WEIGHT: x'x", xxx lbs

ADVANCE DIRECTIVES: YES NO

DNR: YES NO

SS# xxx-xx-xxxx

BLOOD TYPE: X positive/negative

ORGAN DONOR: YES NO

- ADD comment about pain threshold
- ADD comment regarding patient preference
- ADD comment regarding patient preference.

ALLERGY: ADD

HEALTH ISSUES			
ADD Body system	ICD-9 XXX	ADD Name of Health Issue	age on onset
ADD Body system	ICD-9 XXX	ADD Name of Health Issue	age on onset

MEDICATIONS		
Rx	What for?	Name of Drug Dosage x ? how many times a day, ADD RX #
OTC		List any over the counter Drug –indicate daily or PRN

MEDICAL HISTORY						
Add Body System	ICD9 - XXX	Diagnosis?	age on onset	age next episode	age next episode	
	ICD9 - XXX	Diagnosis?	age on onset	age next episode	age on onset	
	ICD9 - XXX	Diagnosis?	age on onset	age next episode	age on onset	
	SURGERIES					
	ICD9 - XXX	What treatment? Note if benign or cancer	age on onset	age next episode	age on onset	
Add Body System	ICD9 - XXX	What treatment? Note if benign or cancer	age on onset			
	ICD9 - XXX	Diagnosis?	age on onset	age next episode		
OTHER		Diagnosis?	age on onset	age next episode		
			age on onset	age next episode		

MEDICAL TESTS			
Blood	Month/Year	Fasting	Cholesterol XXX, HDL XX, LDL XX, Trig XXX, CRP XX, glucose XX
	Month/Year	Negative	- Name of Company, Address
	Month/Year	Normal	- Name of Company, Address

IMMUNIZATIONS					
Tetanus	YR	TB	YR	Pneumococcal vaccine	YR

FAMILY HISTORY		
Father	Alive/Deceased Age?	Health Issues, Cause of Death
Mother	Alive/Deceased Age?	Health Issues, Cause of Death
Child	Alive/Deceased Age?	Health Issues, Cause of Death

PHYSICIANS			
FAMILY PRACTICE	Name	Phone	Address
	Name	Phone	Address

OTHER			
Dental	Name	Phone	Address
Rx -Pharmacy	Name	Phone	Address