



VITAL INFO

Name: _____
 Date of birth: _____
 SSN: _____
 Height: _____
 Weight: _____
 Blood type: _____
 Diagnosis(es): _____
 Allergies: _____
 Primary Dr.: _____
 Dr. Phone #: _____
 Dr. Address: _____
 Dentist Name: _____
 Dentist Phone #: _____
 Dentist Address: _____
 Insurance Name: _____
 Insurance Policy #: _____
 Insurance Phone #: _____

MEDICAL RECORD

Name: _____

MEDICATIONS

NAME OF MEDICINE	DOSE	FREQUENCY	DATE STARTED	DATE STOPPED	NOTES

SURGERIES

SURGERY TYPE	DATE	DOCTOR	LOCATION	NOTES

ILLNESS/DIAGNOSIS

ILLNESS/DIAGNOSIS	DATE STARTED	DOCTOR	NOTES

FAMILY HISTORY

MOTHER'S SIDE: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 FATHER'S SIDE: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 GRANDPARENTS: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 SIBLINGS: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 AUNT/UNCLE: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 Nephew/Niece: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH
 Cousins: NAME, BIRTHDATE, ILLNESS/CONDITION, AGE/CAUSE OF DEATH

STEP BY STEP

IN CASE OF AN EMERGENCY:

STEP 1: _____
 STEP 2: _____
 STEP 3: _____
 STEP 4: _____

Things to keep in mind: _____

Things to help comfort: _____

INCIDENTS

DATE	SEEN BY	INCIDENT	NOTES

DOCTOR VISITS

DATE	SEEN BY	REASON FOR VISIT	NOTES

SPECIALISTS

SPECIALIST NAME	PHONE #	TYPE OF SPECIALIST	NOTES

SPECIALIST APPOINTMENTS

DATE	SPECIALIST	REASON FOR VISIT	NOTES	FOLLOW UP

HOSPITAL VISITS

DATE	SEEN BY	REASON FOR HOSPITAL VISIT	NOTES

WELL CHECK UPS

Name: _____

AGE	DATE	HEIGHT	WEIGHT	NOTES

PRESCRIPTIONS

DATE	SEEN BY	PRESCRIPTION	NOTES

PHONE CALLS

DATE	PHONE # & DR.	REASON FOR CALL	NOTES

MEDICAL RELEASE

Parent/Guardian Name: _____
 Address: _____
 Important Phone #s: _____
 Kids Names & Important Info:
 FULL NAME, BIRTHDATE, ILLNESS, ALLERGIES, MEDICINES, ETC.
 In case of an emergency contact:
 Name: _____
 Relationship: _____
 Phone #: _____
 DOCTOR INFO
 Primary: _____
 Address: _____
 Phone #: _____
 DENTIST INFO
 Dentist: _____
 Address: _____
 Phone #: _____
 INSURANCE INFO
 Company Name: _____
 Policy Number: _____
 Phone #: _____