

MEDICAL GROUP

MEDICAL ONOOF				
Patient Health	Wallet	Card		

Name:		
DOB:		
Address:		
Emergency Contact:		
Emergency Contact Pho	ne#: ()
Provider(s): - Please list)
)
Pharmacy Phone#)
Allergies & Reactions:		
□Latex □Con	trast Media	(Iodine or IVP dy
☐ Medications (inclu	ude reactions,)
☐ Food (include react	tions)	
Medications	tions) Dose	How often
Medications > include: eye drops, inhaler, creams, patches	Dose	How often is it taken?
Medications > include: eye drops,	Dose	is it taken?
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day
Medications > include: eye drops, inhaler, creams, patches vitamins, herbs and over	Dose	is it taken? > every day



MEDICAL GROUP Patient Health Wallet Card

Name:	
Emergency Contact: _	
Emergency Contact Ph	one#: ()
Provider(s): - Please li	st below
	Phone()
	Phone()
	Phone()
Pharmacy Phone#	()
Allergies & Reactions:	
□Latex □Co	ontrast Media (lodine or IVP dye)
☐ Medications (in	clude reactions)
☐ Food (include red	actions)

Medications > include: eye drops, inhaler, creams, patches, vitamins, herbs and over the counter medications	Dose	How often is it taken? > every day > as needed

Date of Vaccine(s):			Date	e of Vaccine(s):		
Tetanus	Pneumonia _		Teta	nus	Pneumonia _.	
Flu	Other		Flu_		Other	
Organ Donor:	☐Yes	□No	Org	an Donor:	☐Yes	□No
Living Will:	☐Yes	□No	Livir	ng Will:	☐Yes	□No
Healthcare Power of	Attorney: ☐ Yes	□No	Hea	Ithcare Power of At	ttorney: 🗆 Yes	□No
> If Yes, who should be	e called?		> If Y	es, who should be d	called?	
	Phone()				_ Phone()	
Other Important Hea	Ith Information:		Oth	er Important Healtl	h Information:	
Other Important Hea	Ith Information:		Oth	er Important Healt	h Information:	
Examples include:				nples include:		
> Medical Condition	ns > Procedures	Surgeries	>	Medical Conditions	> Procedures	Surgeries

Date	Blood Pressure	Weight	Cholesterol	Blood Sugar
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
//	/	lbs	HDL	mg/dl

Date	Blood Pressure	Weight	Cholesterol	Blood Sugar
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
//	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl

Carry this card with you at all times and keep an extra copy of this card where others can find it in case of emergency.

Be sure to show this card to your provider to update the information at each visit.



Carry this card with you at all times and keep an extra copy of this card where others can find it in case of emergency.

Be sure to show this card to your provider to update the information at each visit.



MM-10335 (07/16) MM-10335 (07/16)