



Personal & Identifying Information

- Name and Date of Birth
- Primary language — note if patient does not speak English
- Blood type
- Emergency contact — name, relationship, and phone number

Allergies & Medication Reactions

- Known allergies to medications and/or latex — indicate the reaction, e.g., skin irritation, hives, difficulty breathing, or anaphylaxis. If none, write "No Known Allergies."
- Former medications with adverse reactions

Medical History & Current Conditions

- Current and past medical conditions with dates where applicable, e.g., Diabetes — insulin-dependent, Parkinson's, Stroke 2010, Heart Attack 2011
- Cancer — indicate type and location, stage, and treatment including chemo, radiation, and surgery
- Blood transfusion history — indicate when, where, and any adverse reactions
- Mental health diagnoses — indicate condition, e.g., Depression, Anxiety, Bipolar Disorder, PTSD
- Neurodivergent conditions — indicate diagnosis, e.g., Autism Spectrum Disorder, ADHD, Tourette's Syndrome. Note any communication preferences or sensory sensitivities that providers should be aware of.
- Smoking history — indicate current, former, or never; if former, include quit date
- Sobriety or recovery — if applicable, note any information that may affect medication or treatment decisions
- Female patients: number of pregnancies and deliveries, including delivery method — vaginal or C-section — and date of last menstrual period or start of menopause
- Family history — parents, siblings, and children; ages at diagnosis; age and cause of death
- Other relevant notes — e.g., hard of hearing, vision impairment, dietary restrictions



Medical Devices & Implants

- Implants and/or artificial limbs — include type and side of body, e.g., stent, pacemaker, ICD, metal rod
- Dentures — indicate full or partial, upper or lower
- Contact lenses

Medications & Supplements

- Complete list of medications and vitamins/supplements including emergency meds such as Epi Pen — include dose, frequency, and reason for each

Surgical History

- Complete list of past surgeries — include date, hospital, and body location, e.g., Hip replacement, RIGHT side

Vaccination & Immunization History

- All vaccinations and immunizations — childhood and adult, e.g., shingles, flu, pneumonia, COVID-19

Healthcare Team & Important/Legal Documents

- Primary Care Physician — name and phone number
- Relevant specialists — names and phone numbers
- Pharmacy name and phone number
- Insurance information
- Powers of Attorney and Health Care Proxies — contact information
- Do Not Resuscitate order
- Advance Directive / Living Will
- Copy of most recent EKG, if applicable — for comparison in emergency situations