



### 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

### Vaccination & Immunization History

- All vaccinations and immunizations — childhood and adult, e.g., shingles, flu, pneumonia, COVID-19
- COVID-19 infection history — date of positive test and whether hospitalized. If experiencing ongoing symptoms, known as Long COVID, note this under Medical History as well.

### Allergies & Medication Reactions

- Known allergies to medications and/or latex — if none, write "No Known Allergies"
- List of former medications with adverse reactions

### 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

### 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
- 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.
- Family history — parents, siblings, and children; ages at diagnosis; age and cause of death



### Medications, Supplements & Surgeries

- Complete list of medications and vitamins/supplements including emergency meds such as Epi Pen — include dose, frequency, and reason for each
- Complete list of past surgeries — include date, hospital, and body location, e.g., Hip replacement, RIGHT side

### Key Health Records to Carry

- Copy of most recent EKG if applicable — for comparison in emergencies
- Blood transfusion history — include when and where received
- Female patients: number of pregnancies and deliveries, including delivery method — vaginal or C-section — and date of last menstrual period or start of menopause

### Healthcare Team & 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
- Other relevant notes, e.g., hard of hearing, vision impairment, dietary restrictions