

Medical Information Card

Use this card as a quick reference for you, your family, and caregivers.

Name: _____ Healthcare Insurance Plan: _____

Address: _____

Telephone: _____ Medicare: _____

Date of Birth: ____/____/____ Allergies to Medications: _____

Social Security Number: _____

Date Card Completed: _____

Emergency Contacts: _____

Name	Telephone	Major Illnesses/Conditions:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's Name: _____

Physician's Telephone: _____ Other: _____

Over for Medications

Medications

Current Medications	Purpose	Dosage	How Often Taken	When Taken

If you would like to learn about an environmentally friendly way to dispose of expired or unused prescription drugs, go to HomeCarePharm.com.

