

My General Medical Handout

Personal Information

Full Name: _____

Address: _____

SSN: _____

Date of Birth: _____

Phone: _____

Emergency Contacts

Contact: _____

Home Phone Number: _____

Cell Phone Number: _____

Contact: _____

Home Phone Number: _____

Cell Phone Number: _____

Insurance Information

Insurance Company: _____

Policy #: _____

Group #: _____

Notes: _____

Current Physicians & Specialists:

Type	Name	Phone Number
Primary Care Physician		

Notes:

Physician Portal Information:

Type/Name of Physician	Health Network/Portal Name	Login Information

Notes:

Current Diagnosis:

Current Medications:

Name	Dose & Frequency/Time	Purpose (Diagnosis)

Medication Interactions: Foods, Supplements, & Other Medication to Avoid

What to Avoid	Medication it Interacts With	Symptoms I've Experienced

Allergies/Interactions

Drug/Food/Product Name	Reaction

Notes:

Vitamins/Food Supplements:

Name	Description	Purpose

Notes:
