PERSONAL INFORMATION:

Name

Date of Birth

Blood Type Height Weight

Phone

Email

MD

MD Phone

Pharmacy

Pharm Phone

EMERGENCY CONTACTS:

Name

Relation

Phone/Cell

Name

Relation

Phone/Cell

Name

Relation

Phone/Cell

MEDICAL CONDITIONS:

- ❑ Asthma
- ❑ Diabetes
- ❑ Cancer (where)

- ❑ Heart Disease
- ❑ Hypertension/ High Blood Pressure
- ❑ Seizure Disorders
- ❑ Other

IMMUNIZATION HISTORY:

Pneumococcal Date Given

Influenza Date Given

Tetanus Date Given

Vaccine Date Given

Personal Medication Card

CHESAPEAKE REGIONAL MEDICAL CENTER

Independent by choice. *Innovative* by design.

Carrying a list of your medications may save your life

Medications - List all medications you take regularly - prescription and non-prescription (Use Pencil)

Name of Medication	Dose	Frequency

Name of Medication	Dose	Frequency

Allergies Drug/Food	What Happens?

Independent Innovative