

YOUR NAME			
ADDRESS			
BIRTH DATE	BLOOD TYPE	WEIGHT	HEIGHT
Medical Contacts		Name	Phone
Pharmacy			
Primary Care Physician			
Other Physicians/Specialists			
Emergency Contact			
Vaccinations (Date of Your Last Immunization)			
Influenza	MMR	Pneumococcal	Tetanus/Diphtheria

Over-the-Counter Medications and Supplements	
<input type="checkbox"/> Allergy Relief/Antihistamines <input type="checkbox"/> Cough/Cold Medications <input type="checkbox"/> Aspirin/Other for Pain/Headache/Fever <input type="checkbox"/> Antacids	<input type="checkbox"/> Laxatives <input type="checkbox"/> Sleeping Pills <input type="checkbox"/> Diet Pills <input type="checkbox"/> Vitamins and Minerals <input type="checkbox"/> Herbal/Dietary Supplements <input type="checkbox"/> St. John's Wort <input type="checkbox"/> Ginkgo Biloba <input type="checkbox"/> Kava Kava <input type="checkbox"/> Other (Be sure to list on Medication List on back.)

Discontinued Medications/Products (Due to Allergies, Side Effects, or Reactions)		
Medication/Food/Environment that Cause a Reaction	Allergy, Side Effects, Reaction, or Intolerance Experienced (Symptoms, Severity)	Date (mm/yy)

Important Health Care Documents			
• Health Care Proxy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, where is the document located?			
• Health Care Durable Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, where is the document located?			
• Interested in organ or tissue donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Health Insurance Plans	
Company Name	Other Information

Questions to Ask Your Doctor

Your Medical Information File

- Show this to your doctor at each visit.
- Keep this with you at all times.
- Review this with your doctor periodically and update as needed.

Compliments of:



MASSACHUSETTS MEDICAL SOCIETY

Massachusetts Coalition for the Prevention of Medical Errors

Medication List

- Please use pencil to complete this form.

Patient Name: _____

[illegible]

* Always refer to physician and pharmacist input and the detailed drug sheets provided with each medication for a complete list of potential side effects/danger signs/interactions. Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list. After any hospitalization, check with your doctor to review this medication list.