MY MEDICAL DEMOGRAPHICS

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Name (on medical records & health insurance)	
Date of Birth	Social Security #
Cell Phone	Home Phone
Address	
Drug Allergies	
Pharmacy (name, address, phone #)	
Hospital Preference	
Height	Diet (list restrictions)
Weight	
Special Instructions for EMS—note if full CPR, Out-of-Hospital-Do-Not-Resuscitate, or on Hospice Care	
Home Health Agency, Hospice Agency, or Case Management Company—enter name and phone number	

Name _____ **Date of Birth** _____

Medical History—Diagnoses that your doctors list in their records. Include body systems of heart, head (neuro), gastroenterology, urology, lung, orthopedic, endocrine, psychiatric, cancer, skin, pain, eyes, ears.

Surgical History—Include surgery and date (approximate if exact date not known).

Name _____ **Date of Birth** _____

Medication name and dose. Prescription, over-the-counter, and meds used only as needed.	Times taken per day	Prescribing Doctor	Put ✗ for time medication is taken			
			A.M.	Lunch	Supper	Bed
EXAMPLE Lipitor 20 mg	1	Herb Smith				✗

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Name _____ **Date of Birth** _____

EMERGENCY & OTHER PERSONAL PRIORITY CONTACTS *List Medical Power of Attorney first*		
Name	Relationship	Phone #'s
DOCTORS		
Name	Specialty	Phone # / Address
	Primary Care	
	Dentist	

Name _____ **Date of Birth** _____

MEDICAL INSURANCE		
Insurance Name	Policy / ID #	Phone # / Other identifying information
1st		
2nd		
Rx		
Dental		
Other funding option for medical care		
Other health insurance		

LAST DATE OF IMMUNIZATIONS / ROUTINE DIAGNOSTIC TESTING		
Flu Shot	Pneumonia Vaccine	Shingles Vaccine
Tetanus	Colonoscopy	Mammogram
Bone Density		

Name _____ **Date of Birth** _____

LIVING ENVIRONMENT – ASSISTANCE NEEDED
Living environment (home, assisted living, etc.):
Assistance needed with what activities of daily living:
Caregivers who assist:
Medical equipment, supplies currently used:
Any other information needed for care:

Photocopy medical insurance and identification cards. IMPORTANT: Place copies of medical cards, prescription cards, and photo identification along with your ***My Medical Demographics***. Copy front and back of all cards. Include cards that identify your pacemaker or other medically implanted device.