

## Medical Emergency Health Chart

Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Blood Type: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Conditions & Allergies

\_\_\_\_\_  
 \_\_\_\_\_

### Medications & Supplements

Name of Prescription	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Allergic Reactions to Medications

\_\_\_\_\_  
 \_\_\_\_\_

### Family Doctor (Primary Doctor) & Other Specialists

Primary Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Specialist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Specialist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Specialist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Health Insurance Plan

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Member Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agent : \_\_\_\_\_