



Your Full Name - Medical Reference

! Export this as pdf or markdown **every time you update it** and store copies in the cloud (that you can access without your phone), on your phone (for when you don't have wifi), and with your emergency contact (in case you're incapacitated).

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Patient Info

Full Name (Nickname)

Birthdate

Social Security Number (if you're comfortable with this)

Home Address

Mailing Address

Phone(s)

Email

Sex / Gender

Height

Weight

Blood type

Primary Contacts

Spouse contact (Name, Phone, Email)

Contact info for anyone you want access to your health information

In case of incapacitation, list HCPOA, POA, Living Will, etc

Health Care contacts

Primary Care Physician

Doctor Name

Medical group

Address

Phone

Fax

Specialists

Doctor Name

Medical group

Address

Phone

Fax

etc

Health insurance

Primary

Insurance Name

Primary holder name

Group #

Member ID

Issue date

Copay

Phone numbers

Address for claims (incl payor ID)

Secondary

same as above

RX

etc

Allergies

List your allergies and what happens to you. (incl things like latex that you might come into contact with in a medical setting)

Medications

Prescriptions

List medications here, including the generic and name brand, dosage, how often you take it, and for what reason. **KEEP THIS UPDATED.** It's best to keep track of medications in only one place, so let's make it this one as it's the most critical in an emergency.

Also list your preferred pharmacy, including address, phone, and fax.

List your RX insurance or discount programs, even if you have it above.

Regular OTC meds and supplements

List any over-the-counter medicines you regularly use (eg, ibuprofen, decongestant, etc) as well as any supplements you take regularly.

Health Conditions

List any health conditions you currently have, or major ones you've had in the past.

Lifestyle/Substance Use

Occupation

Alcohol/Tobacco/Marijuana/Recreational Drug use

Surgical History

List any surgeries you had here and when each was

Family History

If you know of family health issues, list them here with who had them.

Immunizations

Add your immunizations here. Include type and date for each.