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Personal Medical Information



NAME

DATE OF BIRTH

ADDRESS

.....



FOLD
HERE

MEDICAL CONDITION I.E., HEART MURMUR, DIABETES, PACEMAKER, JOINT REPLACEMENTS...

DRUG ALLERGIES

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CHEMICAL INTOLERANCES

--

HEIGHT WEIGHT

FOLD
HERE

MEDICATION	DOSE	HOW OFTEN
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VITAMINS, SUPPLEMENTS & OVER-THE-COUNTER MEDICINES

FOLD
HERE

SURGERIES & DATES

PRIMARY CARE PHYSICIAN



EMERGENCY CONTACT PERSON



ADVANCE DIRECTIVE YES NO

CUT ALONG EDGE

