

My Information Card



..... LINE C - Fold here

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

..... LINE B - Fold here

| | |
|-------------------------------------|-----------------------|
| Medications/Vitamins/Herbals | Dose/Frequency |
|-------------------------------------|-----------------------|

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..... LINE A - Fold here

Medical History *Check all that apply.*

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Pacemaker/AICD |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorders | <input type="checkbox"/> TB |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Ulcers |
| | <input type="checkbox"/> Medication Pump | |

Flu Vaccine: _____

Pneumonia Shot: _____

Tetanus/Diphtheria: _____

Allergies: _____

Other: _____

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Phone: _____

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|-------------------------------------|-----------------------|
| Medications/Vitamins/Herbals | Dose/Frequency |
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| | |
|-------|-------|
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Flu Vaccine: _____

Pneumonia Shot: _____

Tetanus/Diphtheria: _____

Allergies: _____

Other: _____

How to use this record

Step 1

Input your contact information.

List all your current medications, vitamins, herbals and your dose/frequency.

Fill out your medical history in the bottom box.

Step 2

Fold the card along horizontal lines **A**, **B** and **C**. The folded card should be able to fit into your purse or wallet.

Keep this record with you. Show this record whenever you visit the doctor, go to an Emergency Room or are admitted to the hospital. This card will give your care provider important medical information about you.

Keep this record updated.

Mease Countryside Hospital: (727) 725-6111
Mease Dunedin Hospital: (727) 733-1111
Morton Plant Hospital: (727) 462-7000
Morton Plant North Bay Hospital: (727) 842-8468
St. Anthony's Hospital: (727) 825-1100
St. Joseph's Hospital: (813) 870-4000
St. Joseph's Children's Hospital: (813) 554-8500
St. Joseph's Women's Hospital: (813) 879-4730
St. Joseph's Hospital-North: (813) 443-7000
St. Joseph's Hospital-South: (813) 302-8000
South Florida Baptist Hospital: (813) 757-1200
Winter Haven Hospital: (863) 293-1121



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