Personal Health Record

(for your wallet)

Name_____

_____

Date of birth_____

Doctor_____

_____

Doctor's phone_____

Emergency Contact

Name_____

_____

Phone_____

My Health Conditions Include:

- ❒ Arthritis
- ❒ Diabetes
- ❒ Cancer
- ❒ Stroke
- ❒ Seizures
- ❒ Lung problems
- ❒ Heart problems
- ❒ High blood pressure
- ❒ Kidney problems
- ❒ Liver problems
- ❒ Joint replacement
- ❒ Contact lenses
- ❒ Dentures/partials
- ❒ Lens implant
- ❒ Pacemaker
- ❒ Defibrillator
- ❒ Hearing aid
- ❒ Other_____

Advance Directives I have completed:

- ❒ Living Will
- ❒ Durable Power of Attorney for Healthcare
- ❒ Neither

Endorsed by UnityPoint Health – St. Luke's Hospital and the Linn County Pharmacy Association

UnityPoint Health
St. Luke's Hospital

UnityPoint Clinic | UnityPoint at Home | UnityPoint Hospice

Medication Matters!

Update this card and keep it with you at all times. Remember to ask your doctor or pharmacist:

1. What is the name of the drug and what is it supposed to do?
2. How and when do I take it – and for how long?
3. What food, drinks, other medicines or activities should I avoid while taking this drug?
4. Are there any side effects? What do I do if they occur?
5. Is there written information available about the drug?

Past Surgeries	Year

Allergies (medicines, foods, latex, other)	**Reaction**

Immunization dates

Flu _____ Tetanus _____

Pneumonia _____

Medical Insurance and Pharmacy Information

Primary medical insurance name_____

Number_____

Secondary name/number _____

_____

Primary pharmacy_____

_____

Pharmacy phone _____

Personal Medical Record for: _____ **Phone:** _____

- ❒ List all medications you are taking, including over-the-counter drugs, supplements, herbal products, eye drops, inhalers, oxygen, etc.
- ❒ Do not list meds you will be on for less than two weeks (e.g. antibiotics)
- ❒ Use a pencil so changes can be made.

Height:_____ **Weight:** _____

Date added/changed	Medication Name	Strength/Dosage	How often?	Why do you take it?	Prescribing doctor

Tips for your medication safety:

- ✓ Use only one pharmacy whenever possible
- ✓ Always present this card at your doctor's office to be reviewed and updated.
- ✓ Always have your pharmacist review this card when a new prescription is added.
- ✓ Always carry this card with you.
- ✓ **Always keep this card current!**