

Personal Medical Information Sheet

Keep copies in a safe, easy-to-find place and update whenever medications, contacts, insurance, or major health details change.

Important: This worksheet is for general educational purposes only. It is not medical advice, diagnosis, or treatment. Talk with a qualified healthcare professional about your personal situation. If you may be having a medical emergency, call 911 or your local emergency number.

Full name _____

Date of birth _____

Phone _____

Address _____

Emergency contact _____

Emergency contact phone _____

Primary doctor _____

Preferred pharmacy _____

Insurance company _____

Member ID _____

Medical conditions

Current and important past conditions

Current medications

Medication	Dose	How often	Reason

Allergies and reactions

Allergy	Reaction

Surgeries and hospitalizations

Procedure or reason	Approx. date	Facility

Devices or special needs

Examples: pacemaker, implanted device, CPAP/BiPAP, oxygen, mobility aid, hearing aid, communication needs

Medical documents

Healthcare power of attorney: Yes / No / Unsure

Living will: Yes / No / Unsure

Advance directive: Yes / No / Unsure

DNR order, if applicable: Yes / No / Unsure

Location of documents