

MY HEALTH RÉSUMÉ

Keeping track of your health information can be difficult. In order to make communicating with your healthcare provider easier, it's important to keep a résumé of all your important health information. Please fill out this document before your next doctor visit. If you don't have all the details, it's OK, just ask your healthcare professional for the missing information during your visit.

**HEALTHY
IS STRONG**

PERSONAL INFORMATION

Name (first and last) _____

Date of birth _____ Gender _____

Health measurements

Height _____ Weight _____ Glucose Level _____ Blood Pressure _____

Total cholesterol ((LDL-cholesterol, HDL-cholesterol) _____

Medications (includes prescriptions, over-the-counter medicines, and vitamins)

Name of medication(s)	Dosage(s)	Frequency (example: once-daily, twice daily) Reason for medication(s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies or sensitivities to medications or materials (such as latex), and food (please list)

Immunizations (date of last administration)

Flu shot _____ Pneumonia _____ Other (please list) _____

Hospitalizations and surgeries (please list)



Family Medical History (please note any conditions in your family)

Grandparents

Parents

Siblings

Children

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Information

Home Address _____

Phone Number _____ Email Address _____

Emergency Contact Information _____

Name _____ Phone Number _____

PRIMARY CARE PHYSICIAN INFORMATION

Name of Primary Care Physician _____

Address of Primary Care Physician _____

Phone Number of Primary Care Physician _____

INSURANCE INFORMATION

Insurance Provider _____

Policy Number _____ Phone Number _____

PREFERRED PHARMACY INFORMATION

Name of Preferred Pharmacy _____

Address of Preferred Pharmacy _____

Phone Number of Preferred Pharmacy _____

