



# Medical History

Use this for to keep track of all of your medical history and current medications. Be sure to update it as the details change, at least annually at a minimum. It is a good idea to keep one copy in your emergency kit and one copy on your person (in a wallet or purse).

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

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**Allergies:** \_\_\_\_\_

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**Past Surgeries:** \_\_\_\_\_

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## Medications:

MEDICATION	DOSE	TIME TAKEN	REASON FOR TAKING	PRESCRIBED BY