



## Vaccine history

- Tetanus/Tdap    date: \_\_\_\_\_
- Pneumovax    date: \_\_\_\_\_
- Influenza (flu)    date: \_\_\_\_\_
- Hepatitis A/B    date: \_\_\_\_\_
- Zostavax    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_

## Procedures/imaging studies

- Colonoscopy    date: \_\_\_\_\_
- DEXA scan    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_

## Lab tests

- Cholesterol    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_
- \_\_\_\_\_    date: \_\_\_\_\_

## Dentist

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Last Exam: \_\_\_\_\_

Next Exam: \_\_\_\_\_

## Physical exam

Last exam: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ / \_\_\_\_\_

Weight: \_\_\_\_\_ lbs

Next exam: \_\_\_\_\_

## Eye exam (annually if diabetic)

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Last exam: \_\_\_\_\_

Next exam: \_\_\_\_\_

## Dermatology — mole checks

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Last exam: \_\_\_\_\_

Next exam: \_\_\_\_\_

## Pap (women) or PSA (men)

Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Last exam: \_\_\_\_\_

Next exam: \_\_\_\_\_

## Mammogram (women)

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Last exam: \_\_\_\_\_

Next exam: \_\_\_\_\_

# My medical information

Primary care clinic: \_\_\_\_\_

Provider: \_\_\_\_\_

Clinic phone: \_\_\_\_\_

**Your name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Allergies

*List medications, foods, iodine, tape, etc.*

Substance	Reaction

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_