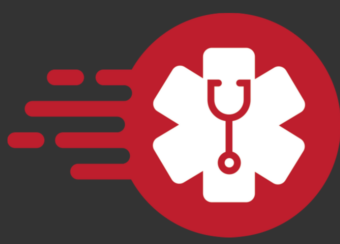

myURGENCYMD

my HEALTH HISTORY

my PERSONAL INFORMATION

NAME: ______________________________ **DOB:** ______________

CONTACT: ___________________________ **#:** ________________

PCP: _______________________________ **#:** ________________

ALLERGIES: ACE Inhibitors **Aspirin** Cephalosporins

IV Dye Latex **NSAIDS** Penicillins **Sulfa**

Others: ____

ADVANCED DIRECTIVES? YES or **NO** **ON FILE? YES** or **NO**

Smoker: Y N **Packs per Day:** ________

Alcohol: Y N **Drinks per Day:** _______

Drug Use: Y N **Type:** _______________

my CONDITIONS

(Please Circle All That Apply)

Aneurysm **Acid Reflux** **Anxiety** **Arthritis:** ______________

Back Problems **Bipolar Disorder** **Cancer:** _________________

Cirrhosis **COPD/Emphysema** **Depression** **Diabetes**

Dialysis **DVT** **Gallbladder** **Glaucoma** **Heart Attack**

Hepatitis A B C **HIV** **High Blood Pressure**

High Cholesterol **Kidney Disease** **Kidney Stones**

Lupus **Multiple Sclerosis** **PE (Lung Blood Clot)** **Seizures**

Sickle Cell **Stroke/TIA** **Thyroid Disorder** **Ulcers**

Other:____

my SURGERIES AND PROCEDURES

Aneurysm Clip **Aneurysm Repair** **Brain Surgery** **Back**

Appendix **Cardiac Bypass** **Cardiac Cath** **Carotid Surgery**

Cataract **Cesarean Section** **Colon/Intestine Removal or Repair** **Dialysis Shunt** **Gallbladder** **Hernia Repair** **Hip** R L **Hysterectomy** **Knee** R L **Mastectomy**

ICD/Pacemaker **Prostate** **Shoulder** R L **Splenectomy**

Stress Test **Tonsillectomy** **Tubal Ligation**

Other: ____

myurgencymd.com

PLEASE UPDATE EVERY TIME ANY INFORMATION CHANGES

GIVE A COPY TO FAMILY MEMBERS WHO ARE INVOLVED WITH YOUR CARE

my MEDICATIONS

Your medication list is probably one of the most important pieces of information that is used in your care when you have an emergency. It gives the provider information about what conditions you are being treated for even if you can't remember all of them. If you need more space simply print off another copy of this page.

MEDICATION	DOSAGE	HOW OFTEN?