



MY HEALTH DOCUMENT

Use this form to keep track of your health information, prescriptions and other supplements you may take.

FIRST RESPONDERS:

(Write any special instructions for first responders here.)

PERSONAL INFORMATION

Name

Date of birth Phone number

Blood type

My medical conditions

My allergies

Emergency contact name

Relationship Phone number

HAP POLICY INFORMATION

ID number Phone number

PHYSICIANS

PRIMARY CARE PHYSICIAN

Name

Phone number

OTHER PHYSICIANS

Name

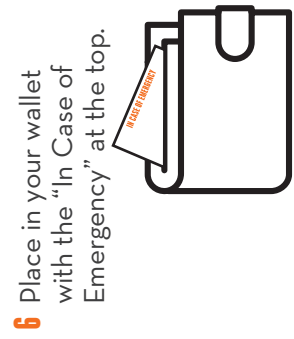
Specialty Phone number

Name

Specialty Phone number

Name

Specialty Phone number



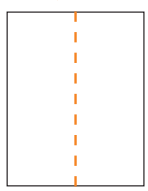
6 Place in your wallet with the "In Case of Emergency" at the top.



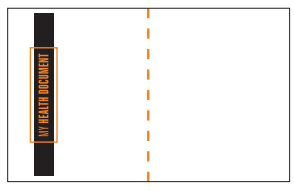
5 In "Case of Emergency" should show at top once folded into a "card" shape.



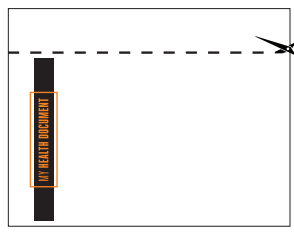
4 Fold in half again.



3 Fold in half again.



2 Fold in half, with front side of document inside. Follow the arrow's direction.



1 Print double-sided. Cut along dotted line.

MEDICATIONS

Pharmacy or drugstore

Phone number


Pharmacy or drugstore

Phone number

PRESCRIPTIONS

(all prescription drugs, over-the-counter drugs, vitamins and supplements)

Drug name	Reason for taking	Form <i>(pill, patch, liquid, injection)</i>	Dosage	Use <i>(as needed/daily)</i>	Start/stop dates	Notes

 For more healthy ideas go to hap.org/balancedliving.

IN CASE OF EMERGENCY