

# 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.

## HEALTH

### 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 \_\_\_\_\_

