QUAD CITY
Health Initiative

For re-orders: www.qchealthinitiative.org

Health Facts Card

REVIEW EVERY SIX MONTHS IN PENCIL
Take this card to all Doctor, Hospital and Pharmacy visits

Name: Sex: M F

Address:

Date of Birth: / / Height & Weight:

EMERGENCY CONTACTS

Name: Home Phone #:

Address:

Relation: Work Phone #:

Name: Home Phone #:

Address:

Relation: Work Phone #:

MEDICAL DATA

Last Updated: Mo. Yr.

Doctor: Phone #:

Doctor: Phone #:

Hospital Preference:

Advance Directive on file at:

Recent Surgery: **Date:**

IMMUNIZATIONS

Tetanus:

Pneumonia:

Influenza:

MEDICAL CONDITIONS

Check all that exist

- ☐ No known medical conditions
- ☐ Asthma
- ☐ Blood Disorder
- ☐ Cancer
- ☐ Cataracts
- ☐ COPD / Emphysema
- ☐ Coronary Bypass Graft
- ☐ Dementia
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Other Medical Conditions:
- ☐ Heart Disease
- ☐ Hearing Impaired
- ☐ High Blood Pressure
- ☐ Kidney Failure
- ☐ Low Blood Sugar
- ☐ Pacemaker
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Tetanus
- ☐ Environmental:
- ☐ Other:
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Iodine
- ☐ Penicillin
- ☐ Shellfish
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies

MEDICATIONS ON REVERSE SIDE

fold

fold

List all medications you are taking, including herbals & over the counter drugs. Cross off discontinued medicines. Use an additional page if necessary.

Medication (name & dose)	Times per day	Date started	What is it for?	Prescribing Doctor	Pharmacy & Phone #