Personal Information

Name

Address

City/State/Zip

Date of Birth | Home Phone

Work Phone | Cell Phone

#1 Emergency Contact

Home Phone | Work Phone

#2 Emergency Contact

Home Phone | Work Phone

Provider Information

Primary Physician

Clinic | Phone

Other Physician (specialist)

Phone

Other Physician (specialist)

Phone

Primary Pharmacy

ID# (if applicable) | Phone

Other Pharmacy | Phone

Medical Conditions

- ❑ Asthma
- ❑ Cancer
- ❑ Diabetes
- ❑ Seizures
- ❑ Heart Disease
- ❑ Kidney Disease
- ❑ High Blood Pressure
- ❑ Other (list)

Date of Last Immunization

Pneumococcal ____/____/____

Influenza ____/____/____

Diphtheria/Tetanus ____/____/____

Allergy Information

Allergic To:	Type of Reaction:

Personal Health Information RECORD

(Name)

Carry this card with you. It could save your life!

- compliments of -

Good Samaritan Hospital, Kearney, NE

Critical Access Hospital Network

Member Communities:

Ainsworth	Cambridge	Imperial
Bassett	Cozad	Minden
Benkelman	Franklin	Ord
Callaway	Gothenburg	Red Cloud

Prescription Medication

	Name:	Dose: mg, ml, etc.	How Taken: oral, injection, etc.	When Taken:	Reason for Taking:	Prescribing Physician:
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

Review with your provider at all appointments and/or hospital admissions. **Last reviewed:** _____/_____

(Facility) (Date)

Non-Prescription Medication

Include all: *vitamins, herbal/dietary supplements, laxatives, antacid, over-the-counter allergy/cold/cough meds, sleeping pills, pain relievers, fever reducers, etc.*

	Name:	Dose:	When Taken:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

It is important to keep these records current!

Write in pencil *so you can erase and update as needed. If using ink, cross through the medications you are no longer taking.*