Personal Health Record

(for your wallet)

Name____________________

Date of Birth________________

Doctor____________________

Doctor's Phone______________

Emergency Contact

Name____________________

Phone___________________

Sponsored by

Jones Regional Medical Center

Iowa Health System

You're Family Here!

My Health Conditions Include:

- ❑ Arthritis
- ❑ Diabetes
- ❑ Cancer
- ❑ Stroke
- ❑ Seizures
- ❑ Lung problems
- ❑ Heart problems
- ❑ High blood pressure
- ❑ Kidney problems
- ❑ Liver problems
- ❑ Joint replacement
- ❑ Contact lenses
- ❑ Dentures/partials
- ❑ Lens implant
- ❑ Pacemaker
- ❑ Defibrillator
- ❑ Hearing aid
- ❑ Other________________

Advance Directives I have completed:

- ❑ Living Will
- ❑ Durable Power of Attorney for Healthcare
- ❑ Neither

Medication Matters!

Update this card and keep it with you at all times. Remember to ask your doctor or pharmacist:

1. What is the name of the drug and what is it supposed to do?
2. How and when do I take it - and for how long?
3. What foods, drinks, other medicines or activities should I avoid while taking this drug?
4. Are there any side effects? What do I do if they occur?
5. Is there written information available about the drug?

Past Surgeries	Year

Allergies (Medications, Foods, Latex, other)	**Reaction**

Immunization dates

Flu____________________

Tetanus________________

Pneumonia______________

Medical Insurance and Pharmacy Information

Primary Med Insurance name______________________________

Number______________________________

Secondary name/number______________________________

Primary Pharmacy______________________________

Pharmacy phone______________________________

Personal Medication Record for:______________________________ Phone:____________________

- ❑ List all medications you are taking, including over-the-counter drugs, supplements, herbal products, eye drops, inhalers, oxygen, etc.
- ❑ Do not list meds you will be on for less than two weeks (e.g. antibiotics).
- ❑ Use a pencil so changes can be made.

Height	Weight

Date added/changed	Medication Name	Strength/ Dosage	How often?	Why do you take it?	Prescribing physician

Tips for your medication safety:

- Use only one pharmacy
- Always present this card at your doctor's office to be reviewed and updated.
- Always have your pharmacist review this card when a new prescription is added.
- Always carry this card with you.

Always keep this card current!