

## **Medical Information Form**

### **Need for this form:**

To assist your healthcare agent, please complete this form. This form should be completed even if the agent is your spouse or someone familiar with your healthcare. It may be that the information will be needed at a highly emotional time, and it would be beneficial to have it written down in advance without worry of your agent forgetting something or too wrought to think straight.

### **Instructions:**

1. Fill out the form, except leave the date of birth and SSN blank. Make as many copies as you have cars; then place a copy in the glove compartment of each car.
2. Next, go back to the original and fill in the date of birth and SSN. Then, make copies for each agent on the healthcare power of attorney and anyone else you think should have a copy.
3. Finally, now that medical records are maintained and stored electronically, it might be helpful to give a copy of this form and your healthcare power of attorney to your doctor.

### **Suggestion-Keep a blank copy for future updates.**

This document should be updated periodically as medicines, surgeries, etc. change. So, it would also be a good idea to keep a blank form available so the information can be updated as needed.

## Medicines and Medical History

As of \_\_\_\_\_, 201\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

## Health Insurers

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Patient Number: \_\_\_\_\_

## Allergies

\_\_\_\_\_  
\_\_\_\_\_

## Pharmacy

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

### Doctors

Name	Type	Comments

### Medicines

Name of Medicine	Dosage	Frequency	Time of day taken

### Surgeries

Type	Date	Facility/Doctor	Comments