

To Go Bag: Personal Health File

Demographic Information

Patient Name: _____
Address: _____
Phone: Home: _____ Cell: _____

Special Needs

Hearing Loss: Hearing Aids: Right Left Cochlear Implants Right Left

Vision: Corrective Lenses: Distance: Yes No Reading: Yes No

Other: CPAP Machine Oral Night Guards Other items: _____

Insurance(s) List on an additional sheet if necessary

Last Review Date: _____
Name: _____ Address: _____ Phone: _____ Contract#: _____

Contact information 2 People if possible

Last Review Date: _____

Contact #1: Relationship: _____

Contact #2: Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: Home: _____ Cell: _____

Phone: Home: _____ Cell: _____

Primary Care Provider

Name: _____
Address: _____
Phone: Home: _____

Pharmacy

Name: _____
Address: _____
Phone: _____

Allergies: List on an additional sheet:

Last Review Date
Type of Allergy, i.e. Medicine, Food, Environment
Name of Allergy Reaction, i.e. Rash, dizziness, difficulty breathing etc.

Additional Notes:

Medications: List on an additional sheet:

Last Review Date
Name
Name of Medication
Dosage (i.e. mg, oz)
Route by: :mouth,nose,eyes,injection,skinlocation, etc.
Number of tablets, capsules, inhalations, sprays, drops injections, etc.
Time of day (i.e. before breakfast, after meals) / Number of times per day
Prescriber

Past Hospital Admissions: List on an additional sheet:

Last Review Date
Hospital Name
Year
Reason for Admission

Past Surgeries Last Review Date: List on an additional sheet:

Type (i.e. Knee Replacement, Appendectomy, etc.)
Year
Hospital/ Surgical Center Name

Instructions For completing the Personal Health File:

Update each category including Dates on your electronic copy. Copy the file(s) to your smartphone if possible Print a paper copy if possible. In case of electronic failure.

Everyone should complete in advance especially when healthy and before traveling. Emergency Personnel may need this asap.

We recommend spouse or significant other shares this information in each other's Smart Phones in the event one person is unable to respond to medical questions.