

[First name Last name]

(Any name you may go by other than legal name) (pronouns if you feel safe including them)

DOB: Month #, ####

Medications

- Medication ##mg frequency/day
- Daily medications ##mg frequency/day
- Any infusions frequency
- As needed medications at bottom

Allergies

- Allergen - reaction to it

Surgeries & Procedures

- Surgery name - Month Year
- Major procedures - Month Year

Diagnoses & Misc

- Chronic illness diagnosis - (Month) Year
- Any major illnesses - Month Year
- Any major injury - Month Year
- Pregnancies - Month Year
- Miscarriages - Month Year
- Births (C section or vaginal - epidural or none) - Month Year
- Implants (IUD, etc) - Month Year - Month Year or present
- Pacemakers, feeding tubes, any other "hardware" - Month Year - Month Year or present