

## **CONFIDENTIAL AND DETAILED HEALTH INFORMATION** [date]

[Select all, copy to your own word processor and then edit it. Throughout this form, fill out the information between the brackets, and then delete the instructions]

### **CONTACT INFORMATION**

[name  
address  
phone  
cell  
social security  
spouse's name  
in case of emergency info]

### **PRIMARY CARE PHYSICIAN**

[name  
phone  
affiliated hospitals]

### **INSURANCE**

[name  
contact info  
GROUP]

### **CURRENT MEDICATIONS**

[drug name, one by one, including  
dosage (including frequency)  
purpose  
when first prescribed]

### **ALLERGIC REACTIONS**

### **CHRONIC ILLNESSES**

[diabetes, arthritis, etc.]

### **PREVIOUS ILLNESSES**

[in reverse chronological order, most recent first]

### **PREVIOUS SURGERIES/ACCIDENTS**

[include outcomes, as well as names and contact info of previous doctors/hospitals]

### **FAMILY HISTORY**

[for each family member, including grandparents, parents and siblings. Please include ages, serious illnesses and/or cause of death]

### **SOCIAL HISTORY**

[alcohol, smoking, drug use]

### **LIFESTYLE**

[exercise, diet]

### **ADMINISTRATION**

[details about advanced directive, living will, health care proxy, name, phone and fax number of your pharmacy, organ donor status]