

Personal Health Record:

Name: _____

Date of Birth: _____

Doctor: _____

Doctor's phone: _____

Emergency Contact:

Name: _____

Phone: _____

My Health Conditions Include: Arthritis Diabetes Cancer Stroke Seizures Lung Problems Heart Problems High Blood Pressure Kidney Problems Liver Problems Joint Replacement Contact Lenses/Lens Implant Dentures/Partials Pacemaker/Defibrillator Hearing Aid Other: _____ Other: _____ Other: _____**Advance Directives I have completed:** Living Will Durable Power of Attorney for Healthcare Neither**Brought to you by the Iowa Healthcare Collaborative in partnership with:**St. Luke's Hospital, Cedar Rapids, Mercy Medical Center,
Cedar Rapids, and Iowa Pharmacy Association**Medication Matters**

Always ask these questions:

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



Past Surgeries	Year
Allergies (medication, food, latex, etc.)	Reaction

Other Doctor and Pharmacy Information:

Doctor's

Name: _____

Phone

Number: _____

Pharmacy

Name: _____

Pharmacy

Number: _____

Other names and

numbers: _____

Immunization Dates:

Flu: _____

Tetanus: _____ Pneumonia: _____

MMR: _____ Tetanus/Diphtheria: _____

