

Emergency Health Information	Date:		Updated:	
Name				
Address		City	State	Zip
CONTACT METHOD	HOME		WORK	
Phone:				
Cell:				
Fax:				
E-mail:				
Birth Date		Blood Type	Social Security No.	
Health Plan		Individual #:	Group #:	
Emergency Contact:				
Address		City	State	Zip
CONTACT METHOD	HOME		WORK	
Phone:				
Cell:				
Fax:				
E-mail:				
Primary Care Provider:				
Address				
City		State	Zip	
Phone:		Fax:	E-mail	
E-mail:				
Disability / Conditions:				
Medication:				
Allergies:				
Immunizations		Dates		
Communication / Devices / Equipment / Other:				

Excerpted from **Be a Savvy Health Care Consumer, Your Life May Depend on It!** by June Isaacson Kailes, For more information about this guide, contact jik@pacbell.net or visit <http://www.iik.com/resource.html>.