All about Me for my Health Care

Name: Address: Phone Number(s)					
Please bring in the give you the best of	following items and give them to	the nurse caring for you.	This will help us		
you are not copies not t Living W	irectives. These forms let us knowable to tell us. These forms are placed he originals. Thank you! Vill are Power of Attorney	· ·			
★ All yourFamileAny of pulmonth★ The Phare	down the name(s) and phone nur doctors, such as: y doctor other doctor you may have, for ex- conologist (lung doctor), etc. emacy (Drug Store) you use the may e to call in case of an emergency.	ample, a cardiologist (hear	rt doctor),		
<u>Doctor</u>		<u>Phone Number</u>			
<u>Pharmacy</u>		<u>Phone Number</u>			
In Case of	an Emergency Call	Phone Number			



Please write down all of the medicines (drugs) you are taking.

- Prescription medicines (medicines the doctor ordered)
- Over-the-counter medicines (medicines that a person can buy without a doctor's order, such as aspirin, Tylenol®)
- Herbal supplements, such as, Ginkgo Biloba, Sassafras, Echinacea, etc.
- Vitamins, such as, multivitamins, vitamin E, etc.

Name of the Medicine	Dose (What is the strength? For example, is it 5 mg, 25 mg?)	How many times a day do you take it?	When do you take it?	Why are you taking the medicine?	Doctor who ordered the medicine
Medicine Allergies			Food Allergic	es	
-					

Important: Make sure you write down any over-the-counter medicines, herbal supplements and vitamins, too.

The last time I changed this list was on:______