Medication & Health Information Sheet

Use this sheet to record critical health details for each household member. Keep a copy in your emergency kit, wallet, and share with caregivers if needed. Update regularly, especially after medication or health changes.

Household Member

Name: _____

Date of Birth: _____

Blood Type: _____

Allergies (Food/Medication/Other): _____

Chronic Conditions: _____

Primary Care Physician: _____ Phone: _____

Specialist: _____ Phone: _____

Preferred Hospital: _____

Medications

☐ Medication: _____ Dosage: _____ Frequency: _____

Notes: _____

☐ Medication: _____ Dosage: _____ Frequency: _____

Notes: _____

☐ Medication: _____ Dosage: _____ Frequency: _____

Notes: _____

☐ Medication: _____ Dosage: _____ Frequency: _____

Notes: _____

Insurance Information

Provider: _____

Policy Number: _____

Group Number: _____

Customer Service Phone: _____

Additional Notes

_____

_____

_____