My Healthcare Information

Keep this page updated and store it somewhere easy to find.

My Healthcare Team

Primary Care Provider: _____

Preferred Hospital: _____

Preferred Pharmacy: _____

Specialists

Specialty	Provider	Phone
Cardiology		
Neurology		
Orthopedics		
Oncology		
Endocrinology		
Pulmonology		
Gastroenterology		
Other		

Emergency Contacts

Primary Contact: _____

Relationship: _____ Phone: _____

Secondary Contact: _____

Relationship: _____ Phone: _____

Important Information

Health Care Proxy: ☐ Yes ☐ No

Power of Attorney: ☐ Yes ☐ No

Advance Directive/Living Will: ☐ Yes ☐ No

Where are these documents kept?

Important Notes

Medication allergies:

Other important information:

Keep this page updated and bring it with you to medical appointments or the emergency department.