

Known Allergies and Medical Conditions Form

Please fill out this form clearly. Keep a copy in your wallet, glove compartment, or on your refrigerator for emergency medical personnel.

1. Personal Information

Full Name:

Date of Birth:

Phone Number:

Address:

Primary Care Physician:

Physician Phone Number:

2. Emergency Contact Information

Primary Emergency Contact Name:

Relationship to Patient:

Phone Number:

Alternative Emergency Contact Name:

Relationship to Patient:

Phone Number:

3. Known Allergies

Please list all known allergies and the typical reaction experienced.

- Medication Allergies (e.g., Penicillin, Aspirin):
- Reaction:
- Food Allergies (e.g., Peanuts, Shellfish):
- Reaction:
- Environmental Allergies (e.g., Latex, Bee Stings):
- Reaction:
- Other Allergies:
- Reaction:

4. Medical Conditions

Please list any ongoing medical conditions, chronic illnesses, or past major surgeries (e.g., Diabetes, Asthma, Heart Condition, Epilepsy).

Medical Condition 1:

Medical Condition 2:

Medical Condition 3:

Medical Condition 4:

Other Medical Notes:

5. Current Medications

List all prescription medications, over-the-counter medications, and supplements you are currently taking.

Medication 1 (Name, Dosage, Frequency):

Medication 2 (Name, Dosage, Frequency):

Medication 3 (Name, Dosage, Frequency):

Medication 4 (Name, Dosage, Frequency):

Medication 5 (Name, Dosage, Frequency):

6. Additional Information

Blood Type:

Do You Wear a Medical Alert Bracelet/Necklace? (Yes/No):

If yes, what is written on it: