



St. Luke's InfoLink: 1-877-610-6161 (toll-free)
www.slhnn.org



Health Record



*As a patient or family member,
you are part of the health care team.
You share the responsibility for safe
medication use. Make sure that each of
your doctors is aware of medications that
other physicians have prescribed for you.*

**This record is for your
medication information.
Your physician may use this to
keep your medications list current.**

Please use a pencil.

Male Female

Name _____

Address _____

City _____

State _____ **Zip** _____

Phone _____

Emergency Contacts

Name

Phone

Yes I have Advance Directives

Living Will

Declaration to Physicians

Durable Power of Attorney for Health Care

Kept at _____

Physicians

Name

Phone

5

Physicians

Name

Phone

6

Vaccine	Date	Facility
Pneumococcal ask your doctor		
Tetanus Diphtheria (Td) every 10 years		
Flu (influenza) Annually		

Pharmacist	Phone
Drug Allergies	

List medications and other health products you are taking.
Put a line through those you are not taking.

Medications	Dose	How Often

9

Medications	Dose	How Often

10

Medications	Dose	How Often

11

Medications	Dose	How Often

12

Over the Counter Medicines	Dose	How Often
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Herbal, Tinctures, Teas, Vitamins
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