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HEALTH CARE FACILITIES

*List the hospitals or health care facilities where you
have been treated in the past two years.*

Name of Facility	Address	Phone Number

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MEDICATIONS

List all prescription and non-prescription medications you are taking and include dosage, frequency of use and date started for each medication.

Name of Drug	Dosage	Frequency of Use	Date Started

ALLERGIES

*List the things to which you are allergic (e.g., medications, bee stings, foods and anything else that creates serious consequences).
Describe the type of reaction you may have.*

Allergen	Reaction

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GENERAL PHILOSOPHY ON MEDICAL TREATMENT

Please write your general philosophy regarding medical treatment, including treatment for non-life threatening situations.

MEDICAL INSURANCE

Provide the policy number, type of policy (e.g., private health, employee health, disability, long term care, dental, optical, medicare, etc.), name of the company/agent, and phone number.

Type of Policy	Policy Number	Company/Agent	Phone Number