

My Medical Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Date of Birth _____

Emergency Contact

Name _____

Phone _____

List any reactions to drugs, food or allergies. Please be sure to include your reaction or intolerance of each.

Physicians

Primary Care _____

Phone _____

Other _____

Specialty _____

Phone _____

Insurance Provider

Name _____

Policy # _____

Phone _____

Primary Pharmacy

Name _____

Phone _____

Immunization Dates

Flu _____ TDaP _____

Pneumovax _____ Zostavax _____

Comprehensive Cardiac Care

Covenant Cardiology is staffed with a team of exceptionally well-trained cardiologists, offering the region's most comprehensive heart program with the latest medical innovations in cardiac diagnosis and treatment.

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Bus. Dev. (AQ/RF) 5/15

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My Medical Card



My Medication Chart

Date _____

Name of Medicine or Product	Color/Shape	Daily Dose	Frequency/How Taken	Purpose/Use	Start Date
<i>Example: Naproxen</i>	<i>white, round</i>	<i>1 tablet, 250 mg</i>	<i>2 times/day with food</i>	<i>Arthritis</i>	<i>7/1/2008</i>

Include all prescriptions, over-the-counter medicines and dietary supplements such as:

- Allergy medicines
- Antacids
- Antibiotics
- Blood pressure/heart medicines
- Chronic condition medicines
- Cold or cough medicines
- Herbal supplements
- Hormones or contraceptives
- Laxatives
- Medicine patches
- Pain medicines
- Sleeping pills
- Vitamins
- Weight loss pills