

MEDICAL INFO

ALLERGIES:

MEDICAL INSURANCE

INSURANCE NAME:

INSURANCE NUMBER:

INSURANCE PHONE:

INSURED NAME:

BENEFICIARY:

PRIMARY DOCTOR:

SPECIALIST:

CLOSEST URGENT CARE CENTER:

CURRENT MEDICATIONS/MEDICAL CONDITIONS:

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WHAT TO TAKE FOR (NON-URGENT):

HEADACHES:

COLD/CONGESTION:

SORE THROAT:

COUGH:

ALLERGIES:

VITAMINS:

OTHERS: