Personal Healthcare Organizer

All your medical information in one place

Date Last Updated:	

Profile

Name	
Address	
Date of Birth (DOB)	
Social Security Number (SSN)	
Cell Phone	
Email	

Insurance Information

Medicare #:	
Medicaid #:	

Health Insurance:	
Issuer:	
Account #:	
Premium Amount:	
Due Date:	
Auto Pay from:	
Website:	
Username:	
Password:	
Agent Name:	
Agent Phone:	

Dental Insurance:	
Issuer:	
Account #:	
Premium Amount:	
Due Date:	
Auto Pay from:	
Website:	
Username:	
Password:	
Agent Name:	
Agent Phone:	

Additional Insurance:	
Issuer:	
Account #:	
Premium Amount:	
Due Date:	
Auto Pay from:	
Website:	
Username:	
Password:	
Agent Name:	
Agent Phone:	

Healthcare Providers

Primary Physician:	
Address:	
Phone:	

Pharmacy:	
Address:	
Phone:	

Dentist:	
Address:	
Phone:	

Hospital Preference:	
Address:	
Phone:	

Specialist:	
Address:	
Phone:	

Specialist:	
Address:	
Phone:	

Health Issues

List health issues, conditions, implanted items, and any other health concerns

Allergies

Medication Information

Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	

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Prescription #:	
Date Started – Date Ended (if any):	

Emergency Plan

Emergency Contacts

Name	Phone #	Relationship

Nearest Hospital:	
Address:	
Phone #:	

Nearest Urgent Care:	
Address:	
Phone #:	

Crisis Line Phone #:	