

Medical History

Use this record to help keep track of medications, allergies, and other medical records. It can help you, and your doctor.

For a wallet-sized "Medical History" or replacement cards for your medications, ask your doctor*
or call us toll-free at (800) 228-7823.

For health information from the Pennsylvania Medical Society, visit our Web site at www.myfamilywellness.org.

Card holder's name & phone # _____

Emergency contact's name & phone # _____

Physician's name & phone # _____

I have a living will. Yes No

Major surgeries _____

Allergies _____

Medical conditions _____

CURRENT MEDICATIONS

Name of medication _____

Dosage _____

Prescribing physician _____

Cross off when medication is discontinued.

Name of medication _____

Dosage _____

Prescribing physician _____

Cross off when medication is discontinued.

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Dosage _____

Prescribing physician _____

Cross off when medication is discontinued.

Name of medication _____

Dosage _____

Prescribing physician _____

Cross off when medication is discontinued.

*Note to doctors: Members of the Pennsylvania Medical Society can order a free supply of Medical History Wallet Cards to distribute to your patients by calling (800) 228-7823 or at www.pamedsoc.org/shop.

Provided by:



Pennsylvania
MEDICAL SOCIETY®

Doctors and Patients. Preserve the Relationship.®

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