## **Personal Healthcare Organizer**

All your medical information in one place

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: Ussername: Password: Agent Name: Agent Phone:  Number Agent Name: Agent Name: Agent Name: Agent Name: Agent Name: Agent Phone:  Number Agent Name: Agent Name: Agent Phone:  Number Agent Name:	Date Last Updated:	
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Website: Username: Password: Agent Name:	Due Date:	
Username: Password: Agent Name:	Auto Pay from:	
Password: Agent Name:	Website:	
Agent Name:		
Agent Phone:		
	Agent Phone:	

Additional Insurance:	
Issuer:	
Account #:	
Premium Amount:	
Due Date:	
Auto Pay from:	
Website:	
Username:	
Password:	
Agent Name:	
Agent Phone:	
Healthcare Provide	ers
Primary Physician:	
Address:	
Phone:	
Pharmacy:	
Address:	
Phone:	
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Dentist:	
Address:	
Phone:	
Hospital Preference:	
Address:	
Phone:	
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Specialist:	
Address:	
Phone:	
Specialist:	
Address:	
Phone:	
Health Issues List health issues, conditi	ions, implanted items, and any other health concerns

Allergies	
<b>Medication Information</b>	
Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	
Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	
Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	
Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	
Medication:	
Reason for Prescription:	
Dosage & # of times per day:	
Prescribing Doctor:	
Prescription #:	
Date Started – Date Ended (if any):	

## **Emergency Plan**

## **Emergency Contacts**

Crisis Line Phone #:

Name	Phone #	Relationship	
Nearest Hospital:			
Address:			
Phone #:			
Nearest Urgent Care:			
Address:			
Phone #:			