My Medical Profile Wallet Card

Compliments of



In Case of Emergency

Dial 911

www.chathamemergencysquad.org

- Carry this card with you at all times.
- Be sure to keep up to date.
- Providing concise and accurate information promotes safe care.

NAME: Address:	Allergies:	Reaction:	PAST/PRESENT MEDIC	AL PROBLEMS Date:
Phone#:				
Date of Birth:	PAS'	T SURGERIES		
Primary Physician:	TYPE	DATE		
Phone #:				
Pharmacy:				
Phone #:			Immunizations Pneumonia	Dates
Emergency			Flu	
Emergency Contact:			Tetanus	
Phone #:				

Use PENCIL when writing medications for easy updating

Drug Name & (Strength) Include prescriptions, vitamins, herbals, and over the counter medications	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & Night? After meals?	Purpose Why do you take it?	Drug Name & (Strength) Include prescriptions, vitamins, herbals, and over the counter medications	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & Night? After meals?	Purpose Why do you take it?
Example: Coreg 6.25mg	1 Pill	Twice/Day	Heart				
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