

MEDICAL INFORMATION CHART

Last Updated: _____

FULL NAME John Doe

DATE OF BIRTH 01/01/1980

BLOOD TYPE O Positive

ALLERGIES & ADVERSE REACTIONS

Allergen	Reaction Type	Severity / Notes
Penicillin	Anaphylaxis	Strict avoidance. Requires EpiPen.
Peanuts	Hives / Swelling	Contact & Ingestion allergy.
Latex	Contact Dermatitis	Mild reaction, localized rash.

CURRENT MEDICATIONS

Medication Name	Dosage	Frequency	Purpose
Lisinopril	10 mg	Once Daily (AM)	Blood Pressure
Metformin	500 mg	Twice Daily	Blood Sugar
Atorvastatin	20 mg	Bedtime	Cholesterol
Multivitamin	1 Tablet	Once Daily	Supplement

EMERGENCY CONTACTS

PRIMARY CONTACT Jane Doe (Spouse)

PHONE NUMBER (555) 012-3456

PRIMARY PHYSICIAN Dr. Smith (555) 987-6543

*This document is for informational purposes only. In case of emergency, contact local emergency services immediately.