

Medical History	Emergency Medical Info	Doctors	Contacts
		* = Medication Manager	*G =Gen PoA; *=Hlth PoA
	DOB:		
	Updated		
	Advance Directive Location:		
	DNR / POST Location:		

Wallet Card Printing Instructions:

1. Print sheet
2. Cut out printed portions
3. Place printed portions back to back
4. Staple at both ends
5. Fold into four sections with Emergency Medical Information page on top

Allergies, Bld Typ, Donors	Medication	Dose	Freq	Reason	Insurance (* = primary)
Allergic to:					
Reaction:					
Allergic to:					
Reaction:					
Allergic to:					
Reaction:					
Allergic to:					Other Info
Reaction:					
Blood Type					
Alc Drnks/day					
Orgn Donatn					