

4: HEALTH INFORMATION— MEDICATIONS, TREATMENTS, & MEDICAL CONDITIONS

Please write down **ALL** your medications on this sheet, plus eyeglass and hearing aid information. Make copies if you need more space. If more than one family member takes medications, copy this page and make a separate list for each person. If dose or medication changes, cross out the entire row and write new information on a new line.

Name: _____ Date: _____ (review this list at least once a year)

Medical conditions/Treatments needed:

Allergies:

Special Diet Needs:

Medication name ▼	Current dose & frequency	Purpose	Note



**Eyeglass
Prescription**



Right Eye:



Left Eye:

Hearing Aid Info

Battery Type



If you have a medic alert bracelet, be sure to wear it at all times!

Plan To Be Ready! was developed to promote emergency preparedness at the individual, community, agency, and county levels, with an emphasis on assisting residents of Maui, Moloka'i, and Lana'i who have special health needs.

HEALTH INFORMATION— PHONE & POLICY NUMBERS

Important medical contact information	Name or Company	Phone #	Policy #/Comment
Doctor:			
Doctor:			
Doctor			
Clinic:			
Clinic:			
Hospital:			
Dentist:			
Eye Doctor or Optician:			
Pharmacy:			
Pharmacy:			
Medical Insurance:			
Medicaid or Medicare:			
Prescription Drug Coverage:			
Dental Insurance:			

Is everyone in your household up-to-date on vaccinations?
It's always a good idea to keep vaccination records in one place.
You may want to include a copy here.