

MY INFORMATION

WIT INFORMA	ATION
Name	
Date of Birth	
Social Security #	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
	CONTACTS OF AN EMERGENCY, THE FIRST PERSON TO CONTACT IS:
Name	
Relationship	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
THE SECOND P	ERSON TO CONTACT IS:
Relationship	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	



MY INSURANCE COVERAGE

(Remember to bring your insurance cards every time you see a new doctor.)

PRIMARY:

Name of Insured	
Company Name	
Address	
City, State, Zip	
Telephone	
Fax	
Policy Numbers	
Social Security # of Insured	

SECONDARY:

SECONDAKI:	
Name of Insured	
Company Name	
Address	
City, State, Zip	
Telephone	
Fax	
Policy Numbers	
Social Security # of Insured	

MY MEDICAL PROFILE

SURGERIES:

Type of Surgery	Date	Hospital	Reason for Surgery



MY MEDICAL PROFILE (CONTINUED)

MEDICAL CONDITIONS: (For example: high blood pressure, heart trouble, diabetes, depression, breathing problems, other)

Condition	Year Diagnosed	How Is it Treated

ALLERGIES: (For example: medications, food, and/or other substances)

Allergy	Allergic Reaction (What symptoms develop?)

MEDICATION I TAKE:

Information the doctor will want to know for each medication:

Why are you taking it?

How long have you been taking it?

What is the dosage?

How many times a day do you take the medication? (If you are not sure, bring the medication with you.)

Medication	Dose	Number of Times Taken Per Day	Date Started	Prescribed By



MY MEDICAL PROFILE (CONTINUED)

OTHER MEDICATION I TAKE:

Remember to include on your list any over the counter (OTC) medicine you take (vitamins, herbs, pain relievers, supplements, etc.).

Other Medication	Dose	Number of Times Taken Per Day	Date Started
OTHER INFORM	ATION TO SHA	RE WITH MY HEALTH-CARE	TEAM:



MY CANCER DIAGNOSIS

Date of Surgery or Biopsy
Doctor
Place Procedure Was Performed
Surgery That Was Performed
Results of My Surgery
Primary Cancer Type
Type of Tumor (Histological Type)
Stage of Disease
Any Problems Since My Surgery
OTHER INFORMATION:
TREATMENTS: