

Medical Records

Use this form to create a list of the names and phone numbers for your primary-care physician, dentist and any medical specialists you see on a regular basis. Also include a contact number for your health insurance provider and pharmacy. Indicate your Medicare identification number and where any Medicare records are kept. Gather medical history documents along with hospital records and correspondence dealing with health issues, and indicate their location. If you keep track of medical expenses for tax purposes, note the location of those records. Copy this form for each family member.

General Information

Name	
Blood Type	
Allergies	
Prescriptions	

Location

Personal Medical History (List all immunizations, boosters, diseases, etc.)	
Correspondence (accounts statements, receipts, letters/faxes, health related travel expenses)	
Medical Records (lab test results, dental, treatment plans, eye care, etc.)	
Healthcare Legal Documents (medical power of attorney, organ donor statement, living will)	
Insurance (policy benefit-summaries, provider	

directories, claims forms, current year information, which should include: premium payment receipts, account statements, copies of outstanding claims, insurance company check stubs/explanation of benefit and correspondence)

Primary Care Physician

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Dentist

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Physician

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Pharmacy

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

Primary Insurance Carrier

Name of Company	
Street Address	
City, State, zip	
Phone	
Policy Number	
Email	

Secondary Insurance Carrier

Name	
Street Address	
City, State, zip	
Phone	
Policy Number	
Email	

Long Term Insurance Carrier

Name	
Street Address	
City, State, zip	
Phone	
Policy Number	
Email	