Medical Binder: Essentials

Page 1 - basic info and emergency contacts

FULL NAME

DATE OF BIRTH

HOME ADDRESS

PHONE

BLOOD TYPE (IF KNOWN)

PREFERRED HOSPITAL

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE	LIVES NEARBY?

INSURANCE

PLAN NAME

MEMBER ID

GROUP NUMBER

INSURANCE PHONE

A record-keeping tool, not medical advice. Always follow your clinician's instructions.

ALLERGIES & ALERTS

Page 2 - the first thing a stranger should read

ALLERGIES & ALERTS

MEDICINE ALLERGIES AND WHAT HAPPENED

FOOD ALLERGIES

OTHER ALERTS (IMPLANTS, BLOOD THINNERS, NEEDS AN INTERPRETER, ...)

CONDITIONS I AM BEING TREATED FOR

CONDITION	SINCE (YEAR)	MANAGED BY

Medication list

Page 3 - current medicines, and the ones you STOPPED

TAKING NOW

MEDICINE	FOR	DOSE ON LABEL	HOW OFTEN	PRESCRIBER

STOPPED OR CHANGED - bring this to every visit

MEDICINE	DATE STOPPED	WHY	WHO ADVISED

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Visit log

Page 4 - one row per visit

DATE	CLINICIAN / CLINIC	REASON	WHAT CHANGED	FOLLOW-UP

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Want the complete set?

Complete Medical Binder

25 pages - coming soon

Planned for the complete kit:

- Care team directory, insurance and documents checklist
- Visit prep questions and after-visit notes
- Vitals, lab and vaccine trackers
- A daily medication schedule and an emergency summary

All free printables, anytime:

printly-plans.pages.dev

Your free pages are yours to print as often as you like, for personal use.

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