Medical Information

EXTENSION
UtahStateUniversity

Don't forget to include a copy of your health insurance card

Name: _____

Last Updated On: _____

Prescriptions

Name of Drug/Purpose	Dosage (ex: 500 mg 2X/day)	Rx Number	Pharmacy/ Phone Number	Address	Start Date	Stop Date

Over-the-Counter Supplements

Name of Drug	Dosage (ex: 500 mg 2X/day)	Manufacturer	Pharmacy/ Phone Number	Address

Allergies

Allergy (include reaction)	Special Information

Surgeries

Type of Surgery	Reason	Date	Place	Complications

Special Conditions/Diseases

Name of Condition/ Disease	Date of Diagnoses	Treatment	Special Instructions