

My Information Card

..... LINE B—Fold here

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

..... LINE A—Fold here

Medications/Vitamins/Herbals	Dose/Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical History *Check all that apply*

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cataracts
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disorders
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Medication Pump	<input type="checkbox"/> Pacemaker/AICD
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Stroke	<input type="checkbox"/> TB
	<input type="checkbox"/> Ulcers	

Flu Vaccine: _____

Pneumonia Shot: _____

Tetanus/Diphtheria: _____

Allergies: _____

Other: _____

Cut along the vertical dotted line

My Information Card

How to use this record:

Step 1
Type your contact information in the spaces provided.
 List all of your current Medications, Vitamins, Herbals and your Dose/Frequency.
 Then, fill out your medical history in the bottom box.

Step 2
Print the completed form. Cut the sheet in half along the vertical dotted line.

Step 3
Fold the card along horizontal line **A**. Then, fold along horizontal line **B**. The folded card should be able to fit into your purse or wallet.

KEEP THIS RECORD WITH YOU. Show this record whenever you visit the doctor, go to the Emergency Center or are admitted to the hospital. This card will give your care provider important medical information about you.

KEEP THIS RECORD UP-TO-DATE.

Our Mission

St. Joseph's-Baptist Health Care will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

Values

*The values of St. Joseph's-Baptist Health Care are **trust, respect and dignity** and reflect our **responsibility** to achieve health care **excellence** for our communities.*

Vision

St. Joseph's-Baptist Health Care will be the regional leader in medical excellence by improving the health of our community through accessible, compassionate and family-focused health care services.

St. Joseph's Hospital: (813) 870-4000
 www.stjosephstampa.com

St. Joseph's Women's Hospital: (813) 879-4730
 www.stjosephswomens.com

St. Joseph's Children's Hospital of Tampa: (813) 554-8500
 www.stjosephschildrens.com

South Florida Baptist Hospital: (813) 757-1200
 www.southfloridabaptist.com