My Emergency Card

Fill in the blanks on this card and carry it in your wallet. It allows you to track details about your health and has a space for you to write in your emergency information.

To create your wallet card:

1. *Cut along dotted lines.*
2. *Fold card in half .*
3. *Fold in the side called "My Health Conditions".*
4. *Fold in the side called "Medications I Take."*

Medications I Take: _____

_____

_____

_____

_____

_____

Weight:	Date				
	Result				
Blood pressure:	Date				
	Result				
Blood glucose:	Date				
	Result				
Hemoglobin A1C:	Date				
	Result				
Total cholesterol:	Date				
	Result				
LDL:	Date				
	Result				
HDL:	Date				
	Result				
Triglycerides:	Date				
	Result				

My Emergency Card

Name: _____

Date of Birth: _____ Phone: _____

In Case of Emergency Call:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

My Health Conditions:

High Cholesterol ☐ Yes ☐ No

High Blood Pressure ☐ Yes ☐ No

Previous Stroke (date) _____

Previous Heart Attack (date) _____

Diabetes ☐ Yes ☐ No

Smoker ☐ Yes ☐ No

Known Allergies: _____

My Medical Providers:

Name: _____

Name of Office: _____

Phone: _____

Name: _____

Name of Office: _____

Phone: _____

Name: _____

Name of Office: _____

Phone: _____

Fold

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

NIH National Heart, Lung, and Blood Institute

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CHW COMMUNITY HEALTH WORKER HEALTH DISPARITIES INITIATIVE