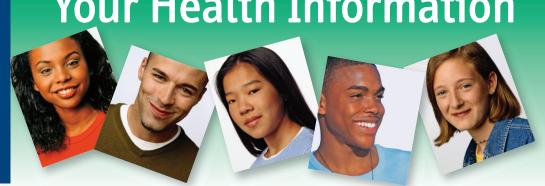
Health Information Document





Your Allergies: Include medicine, food, environment, contact, or other. Also describe what happens: 1.													
Prone (cell/work): Email: Emergency Contact: Relationship: Phone: Insurance Company: ID #: Group #: Main Diagnosis: Other Diagnoses or Major Injuries: Vour Allergies: Include medicine, food, environment, contact, or other. Also describe what happens: 1. What happens: 2. What happens: 3. What happens: Describe any challenges you have with movement, hearing, eyesight, or thinking: Special safety instructions, crisis plans, or hotline phone #: Special conditions, treatment challenges, unusual findings, or equipment used (type and size): Doctor: (See back page for specialists and other providers) Phone: Email: Fax: Hespital used most offen: Phone: Specially hospital: Phone: Pharmacy Name: Phone: Major Surgeries and Hospitalizations: Where: Why: Date:		Your Name:		Date of Birth:									
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Fill out this card and carry it with you. To get a new card, call the NYS Department of Health at: **1-518-474-2001,** or visit: www.nyhealth.gov/community/ special_needs

Your Health Information (continued)

Other Health Care Providers (for example, doctors, specialists, dentists, therapists, etc.) Name: Phone: Phone:														
Name:														
Name:														
Name:														
Name:		Keason:			Pnone:	_ Phone:								
Other Care Providers School Contact: Phone: Email:														
Therapist:Other:			ne:		_ Email: _ Email:									
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Immunizations (Shots)		Oate	Date	Date	Date	Date								
Diphtheria, Pertussis, Tetanus (DPT/DTaP))													
Tetanus, Diphtheria, acellular pertussis (7	Гdар)													
Tetanus (Td)														
Polio														
Measles, Mumps, Rubella (MMR)														
Varicella (Chickenpox)														
Hib (Haemophilus influenzae type b)														
Pneumococcal (PCV)														
Meningococcal														
Hepatitis B														
Hepatitis A														
Human Papillomavirus (HPV)														
Tuberculosis (Mantoux or PPD)														
Influenza (Flu)														
Other														
Tasta	Data	Dogulás	Data	Doculto	Data	Doculto								
Tests	Date	Results	Date	Results	Date	Results								
Anything you'd like to add?														
				Which family members, guardians, or other people are allowed to discuss your medical information with your doctor? (If you're 18 years of age										
				mation with your d	octor? (If you're 18	years of age								
Which family members, guardians, or other or older, you'll need to include them on the Name:	e "HIPAA" priva	acy form your doc	tor gives you.)	·	·									

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