



**TAKE ALONG  
MEDICAL AND HEALTHCARE INFORMATION ORGANIZER**

**A TOOL TO HELP MAINTAIN IMPORTANT HEALTH INFORMATION FOR CAREGIVERS AND CARE RECEIVERS –  
HEALTH AND MEDICAL INFORMATION TO SHARE WITH HEALTHCARE PROFESSIONALS**

Pennsylvania Department of Aging  
Long Term Living Public Education and Outreach Division

This booklet contains personal and private information. It is meant to be taken with you to medical appointments, used when hospitalized, etc.  
**PLEASE SAFEGUARD ITS CONTENTS.**

Personal Information for: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile or other \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile or other \_\_\_\_\_

Has a Living Will? \*\*\* YES or NO

Has An Advanced Directive or Health Care Power of Attorney \*\*\* YES or NO

\*\*\*copies of these documents should be kept with this form and given to healthcare professionals if treatment is needed



NON PRESCRIPTION MEDICATIONS/VITAMINS/SUPPLEMENTS

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**Medical Conditions:**

I have the following diagnoses, conditions or illnesses:

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I have been hospitalized for the following conditions or reasons

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Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_

I have had the following surgeries:

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Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_

**Known Allergies:**

Medication or Drug Allergies	Reactions or Symptoms

Food or Other (for example, latex, bee stings) Allergies	Reactions or Symptoms

Immunizations received:      Flu\_\_\_\_\_      Pneumococcal \_\_\_\_\_      Tetanus\_\_\_\_\_

**Other Important Information:**

Preferred Hospital #1 \_\_\_\_\_

Preferred Hospital #2 \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

Other Notes: (include cognitive problems, any assistance needed with daily activities, hearing or vision problems or dietary restrictions)

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Concerns or Safety Measures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

**Health Insurance:**

Medicare Number \_\_\_\_\_ Effective Date – Part A \_\_\_\_\_  
Effective Date – Part B \_\_\_\_\_

Medicare Prescription Plan (Part D) \_\_\_\_\_ Effective Date \_\_\_\_\_

Supplemental Medicare Insurance (HMO, Advantage, PPO, Special Needs Plans, Medical Savings Accounts, etc)

Plan Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Plan Telephone Number \_\_\_\_\_  
Plan Address \_\_\_\_\_

Veteran's Claim Number \_\_\_\_\_ Veteran's Office Number \_\_\_\_\_

Other Health Insurance: (catastrophic illness, hospital insurance, disability insurance, etc.)

Name _____	Type _____	Telephone _____
Name _____	Type _____	Telephone _____

## Physician's Visit Records

### Visit #1

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

**Instructions from Physician, Services ordered at visit** (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #2

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

### Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #3

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

**Instructions from Physician, Services ordered at visit** (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #4

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

Lab Test Ordered at Visit and Results: (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #5

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

**Instructions from Physician, Services ordered at visit** (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #6

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

Lab Test Ordered at Visit and Results: (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #7

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

### Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #8

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

**Instructions from Physician, Services ordered at visit** (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #9

Date	Physician Seen	Reason for Visit, Symptoms or Problems

Questions or concerns to present to the doctor

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

Lab Test Ordered at Visit and Results: (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #10

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

### Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #11

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

### Instructions from Physician, Services ordered at visit (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

## Physician's Visit Records

### Visit #12

Date	Physician Seen	Reason for Visit, Symptoms or Problems

<b>Questions or concerns to present to the doctor</b>

### Medical Information from Visit

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

**Lab Test Ordered at Visit and Results:** (for example, cholesterol, A1C, protein, cbc, urinalysis)

Test Ordered	Reason	Result

**Instructions from Physician, Services ordered at visit** (for example, physical therapy, home health)


Know the location of important personal health information such as Living Wills, Power of Attorney, Insurance Cards and policies, and other documents. These should be given to healthcare professionals in the event of an emergency.

