

# TAKE ALONG MEDICAL INFORMATION

FOR

Medicare Number \_\_\_\_\_  
 Supplement Policy \_\_\_\_\_ Policy # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

## Medical Conditions, Illnesses or Diagnoses

Condition	When Diagnosed	Condition	When Diagnosed

## Medications

Prescription	Prescribed for What Condition	Strength	Number Taken	How Often Taken

## Over the Counter Medications Taken Regularly

Name and Dosage	How Often Taken

## Medication Allergies

Medication	Reaction

## Other Allergies


## Hospitalizations within past 5 years

Reason	Date	Where Hospitalized

## Family History – Blood Relatives with the following illnesses

Relationship	Illness	Relationship	Illness

