

PERSONAL MEDICAL PROFILE

Your essential health snapshot

FULL NAME

DATE OF BIRTH

BLOOD TYPE

PRIMARY DIAGNOSES

Condition	Date Diagnosed	ICD-10 (opt.)

ALLERGIES

Medications

Foods

Environmental

Typical reactions

EMERGENCY CONTACTS

Name

Phone

Relationship

Name

Phone

Relationship

PRIMARY CARE PROVIDER

PHONE

PREFERRED PHARMACY

PHARMACY PHONE

CARE TEAM DIRECTORY

Providers 1–3 · All your providers in one place

PROVIDER 1

Name

Specialty

Clinic

Phone

Fax

Patient Portal

Notes

PROVIDER 2

Name

Specialty

Clinic

Phone

Fax

Patient Portal

Notes

PROVIDER 3

Name

Specialty

Clinic

Phone

Fax

Patient Portal

Notes

MEDICAL HISTORY TIMELINE

Your health journey in one place



Bring this page to every new provider appointment. It replaces 'tell me your whole history.'

Include: diagnoses, surgeries, hospitalizations, ER visits, significant health events

Date	Event	Provider / Location	Outcome



Print multiple copies. Keep one in your wallet, car, and with your caregiver.

EMERGENCY MEDICAL INFO

NAME

DOB BLOOD TYPE

CONDITIONS

ALLERGIES

CURRENT MEDICATIONS

EMERGENCY CONTACT PHONE

DOCTOR PHONE

EMERGENCY MEDICAL INFO

NAME

DOB BLOOD TYPE

CONDITIONS

ALLERGIES

CURRENT MEDICATIONS

EMERGENCY CONTACT PHONE

DOCTOR PHONE

EMERGENCY MEDICAL INFO

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✂ Cut along dashed lines. Print multiple copies as needed.

UNFOLDFACTORY

THE COMPLETE BINDER, EVERY PAGE

Chronic Illness + Medical Records Binder Bundle

Two binders, 88 pages: your medical profile, insurance, medications, allergies, family history, labs, vaccinations and expenses, plus symptom and flare tracking, appointment prep and emergency wallet cards.



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