

EMERGENCY HEALTH SUMMARY DOCUMENT INSTRUCTIONS

Your Information:

First Name: Type your First Name.
Middle Initial: Type your Middle Initial.
Last Name: Type your Last Name.
Date of Birth: Type your Date of Birth.
Address: Type your Address.
City: Type your City.
State: Type your State.
Zip Code: Type your Zip Code.
Home Phone: Type your Home Phone.
Mobile Phone: Type your Mobile Phone.
Work Phone/Ext: Type your Work Phone and/or Extension.
Allergies: Write down your Allergies.
Major Ailments: Write down your major ailments.

Insurance Information: This section allows users to enter additional insurance information.

Instructions:



1. Place the cursor within the table and Left Click mouse button for **+** (Plus) Icon to be displayed on the lower right-hand side.
2. Click **+** Icon to enter additional insurance information.

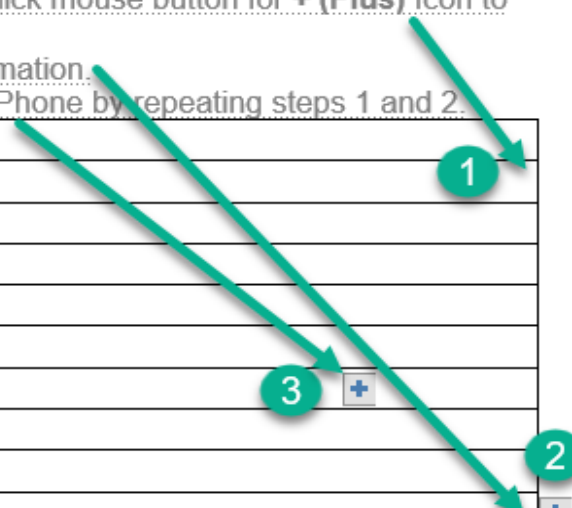
1. Insurance Name: Type your Insurance Name.
Policy Number: Type your Insurance Policy Number.
Group Number: Type your Insurance Group Number.
Phone: Type your Phone.
Subscriber Name: Type Subscriber Name.
Date of Birth: Type Subscriber Date of Birth.
Relationship: Type Subscriber Relationship.

Doctor's Information: This section allows users to enter additional Doctor's information.

Instructions:

1. Place the cursor within the table and Left Click mouse button for **+** (Plus) Icon to be displayed on the lower right-hand side.
2. Click **+** Icon to enter additional Doctor information.
3. Users can create additional rows for Field: Phone by repeating steps 1 and 2.

1. Doctor's Name: Type your Doctor's Name.	
Doctor's Speciality: Type your Doctor's Speciality.	
Address: Type your Doctor's Address.	
City: City	
State: State	
Zip Code: Zip Code	
a) Phone: Type your Doctor's phone.	
Fax: Type your Doctor's Fax.	
Email Address: Type your Doctor's Email Address.	
	



Medical Personnel/Nurse Information: This section allows users to enter additional Medical Personnel/Nurse information.

Instructions:

1. Place the cursor within the table and Left Click mouse button for **+** (Plus) Icon to be displayed on the lower right-hand side.
2. Click **+** Icon to enter additional Nurse/Medical Personnel information.
3. Users can create additional rows for Field: Phone by repeating steps 1 and 2.

1. Medical Personnel/Nurse Name: Type your Nurse/Medical Personnel Name.	
Medical Personnel/Nurse Speciality: Type your Nurse/Medical Personnel Speciality.	1
Address: Address	
City: City	
State: State	
Zip: Zip Code	3
a) Phone: Phone	+
Fax: Fax	
Email Address: Email Address	2
	+

Hospital Admission History: This section allows users to enter additional hospital admissions.

Instructions:

1. Place the cursor within the table and Left Click mouse button for **+** (Plus) Icon to be displayed on the lower right-hand side.
2. Click **+** Icon to enter additional Hospital Admissions.
3. Users can create additional rows for Field: Infection by repeating steps 1 and 2.

1. Hospital Admission: Choose an item from drop down menu.	
Hospital Admission Reason: Write down the reason you were admitted into hospital.	1
Admitted Date: Click or tap to enter Hospital Admitted date.	
Release Date: Click or tap to enter Hospital Released date	
Surgery Hospital/Center with City, State: If applicable, write down the place of your Surgical Procedure.	
Surgery Performed By: If applicable, write down the name of your Surgery Doctor who performed procedure.	
a) Infection: If applicable, write down any Infections that you had after Hospital Visit.	3
Notes: Any other useful information that you think can help Doctors.	2
	+

Prescription History: This section allows users to enter additional prescriptions.

Instructions:

1. Place the cursor within the table and Left Click mouse button for **+** (Plus) Icon to be displayed on the lower right-hand side.
2. Click **+** Icon to enter additional prescriptions.

Prescription Name	Dose(g/mg)	Number of Tablets	Frequency	Date Started	Date Ended
1. Type your Prescription Name.	Type your dose. 1	Choose a value from drop down menu.	Choose a value from drop down menu.	Click or tap to enter a date.	Click or tap to enter a date. 2
		Choose a number.	Choose the frequency.		
		1	per day		
		2	1 time per day		
		3	2 times per day		
		4	3 times per day		
		5	4 times per day		
		6	5 times per day		
		7	6 times per day		
		8	1 time per week		
		9	1 time per month		
		10	Custom Value		