

# MY MEDICAL CONTEXT CARD

Prepared by the Sage Curriculum · aiclassforseniors.com

**INSTRUCTIONS:** Fill in this card once, print it, and keep a copy in your medical bag, wallet, and with a trusted family member.

## SECTION 1 — PATIENT INFORMATION

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Emergency Contact 1 (Name / Phone): \_\_\_\_\_ **ADVANCE DIRECTIVES ON FILE?**

Emergency Contact 2 (Name / Phone): \_\_\_\_\_  Healthcare Proxy  DNR / POLST  Living Will

## SECTION 2 — ACTIVE CONDITIONS (list current diagnoses)

1. _____	Diagnosed: _____	2. _____	Diagnosed: _____
3. _____	Diagnosed: _____	4. _____	Diagnosed: _____
5. _____	Diagnosed: _____	6. _____	Diagnosed: _____
7. _____	Diagnosed: _____	8. _____	Diagnosed: _____

## SECTION 3 — CURRENT MEDICATIONS (list all, including over-the-counter)

Medication Name	Dose	How Often	Prescribing Provider	Last Fill

## SECTION 4 — ALLERGIES & ADVERSE REACTIONS

Allergen / Substance	Reaction / Symptoms	Severity

No known drug allergies  No known food allergies  Latex allergy

**TIP:** Update this card whenever a new medication is added, a condition changes, or you see a new provider. Date every update.

## SECTION 5 — RECENT SIGNIFICANT EVENTS (hospitalizations, procedures, major changes)

Event / Procedure	Date	Treating Facility / Provider

## SECTION 6 — MY CARE TEAM

<b>Primary Care Physician:</b> Phone: _____ Practice / Health System: _____	<b>Preferred Pharmacy:</b> Phone: _____ Address: _____
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Specialist Name	Specialty	Phone	Health System

## SECTION 7 — INSURANCE & ADVANCE DIRECTIVES

<b>Primary Insurance:</b> _____ Member ID: _____ Group #: _____ Insurance Phone: _____ <b>Advance Directives Location:</b> _____	<b>Secondary Insurance (if any):</b> _____ Member ID: _____ Medicare/Medicaid #: _____ <input type="checkbox"/> Healthcare Proxy — Name: _____
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## SECTION 8 — IMPORTANT NOTES FOR CARE PROVIDERS

Use this space for anything care providers must know — communication preferences, cognitive or hearing considerations, religious or cultural factors affecting care, device implants, etc.

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**LAST UPDATED:** \_\_\_\_\_ **UPDATED BY:** \_\_\_\_\_

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