BOONE COUNTY HOSPITAL
FOUNDATION

1015 Union Street · Boone, Iowa 50036
515.432.3140 · boonehospital.com

**FOR EMERGENCY CALL 911**

**This Medical Card is sponsored by the Boone County Hospital Foundation**

Access your complete health information online at **boonehospital.com/health-portal.**

| Male/Female<br>Name: | Date of Birth: |
|---|---|
| Address: | Phone: |
| Primary Doctor: | |
| Pharmacy: | |

## MEDICATION DATA

List all current Medications, Vitamins, and Herbs.
Update every time you see your doctor.

| Medications/ Vitamins/Herbs | Strength | Directions | Date Started |
|---|---|---|---|
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## ALLERGIES

| Medications: | Reaction/ Date: | Food: | Reaction: |
|---|---|---|---|
| | | | |
| | | | |
| Environmental: | Reaction: | Other: | Reaction: |
| | | | |
| | | | |

## VACCINATIONS

| | |
|---|---|
| Flu Date: | Other: |
| Pneumonia Date: | Tetanus Date: |

## Medical Conditions

| Past/Current Medical Conditions | Surgeries/ Dates: | Implants/ Dates: |
|---|---|---|
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| | | |

## Emergency Contact Information

| | |
|---|---|
| Name: | |
| Address: | |
| Home/Mobile #: | Work #: |

## Do you have any of the following:

| | |
|---|---|
| Out of Hospital Do Not Resuscitate (OOHDNR) Directive? Y/N | |
| Advanced Directives/Living Will? | Y/N |
| Power of Attorney (POA) for Healthcare? | Y/N |
| Name of POA: | Phone: |

**Please copy both sides of your Health Insurance and/or Medicare/Medicaid card and attach the copy to this form.**

This form may also be obtained from the Boone County Hospital website at **boonehospital.com**