

## **Instructions for Wallet-Sized Medical History Card**

**Instructions:** Fill in the text boxes within the rectangle with your medical history information. Additional guidance is provided below, organized by section, to help you complete the form accurately. If you need more space (for example, if you take seven medications and only five boxes are available on page one), continue listing them on page two.

When finished, print both pages double-sided. First, confirm that your printer is set to landscape orientation. Then select “Print on both sides of paper” and choose “Flip on short edge” in your printer settings. This ensures that page two aligns correctly as the back of page one.

After printing, cut out the green box and place it in your wallet. When seeking medical care, you can show this card to your healthcare provider. If your medical history changes, create a new card to keep your information up to date.

You may also help other members of your household who have multiple medical conditions or medications create a card. Share the resource page at [otcthebook.com](http://otcthebook.com) so your loved ones can make one for themselves.

---

### **First and Last Name**

Enter your first and last name in the text box located at the top left of the rectangle.

### **Diagnosed Chronic Medical Conditions**

*Chronic medical conditions are health issues that last months to years, are diagnosed by a healthcare provider, and may require ongoing care or management.*

*Examples include:*

- *High blood pressure (hypertension)*
- *High cholesterol*
- *Diabetes*
- *Current smoker (cigarettes, cigars, hookah, vaping)*
- *Migraines or chronic headaches*
- *Arthritis (specify affected joint[s])*
- *Asthma or COPD*
- *Anemia*
- *Thyroid disorder*
- *Heart disease (CAD, CHF, arrhythmia, etc.) — include year of heart attack if applicable*
- *History of stroke — include year*
- *Inflammatory bowel disease (Crohn’s disease or ulcerative colitis)*
- *History of cancer — specify type*
- *Seizure disorder*
- *Lupus*

List your medical conditions in the text boxes provided.

### **Surgical History**

List any past surgeries and the year they were performed, as best as you can remember. Surgeries involving the heart, lungs, organ removal, or joint replacement are especially important to include. Exclude routine dental procedures performed by a dentist.

### **Medications**

List all current medications, supplements, and herbal remedies. It is essential to include the dosage for prescription medications. For supplements and herbal remedies, include the dosage if known. If the exact dosage is unclear, you may still list the product name. If you take a medication multiple times per day, indicate this by writing “2x,” “3x,” etc., after the dosage.

For example, if you take 20 mg of a medication twice daily, write: **20 mg 2x**.

### **Allergies**

*An allergy typically causes symptoms such as hives, swelling of the lips, tongue, or face, difficulty breathing, wheezing, or anaphylaxis.*

*Symptoms that usually do not represent a true allergy include upset stomach, diarrhea, headache, or a mild rash during a childhood illness. For example, many people report a penicillin allergy based on a childhood rash. In many cases, this was not a true allergy, and the same reaction may not occur in adulthood.*

*Examples of important allergies to document include latex, adhesive tape, nuts, codeine, contrast dye, shellfish, and amoxicillin, among others.*

List your allergies in the appropriate text box.