

# Health Expressions® Health Planner

Health Information For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Member Identification Number: \_\_\_\_\_

Emergency Contact Numbers:

_____	_____
_____	_____
_____	_____

Known Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Health History:

(list illnesses, dates, family health, abnormal tests, etc.)

\_\_\_\_\_

Current and Past Medications:  
(prescription and over-the-counter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Top Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_

	Appointment Date	Appointment Date	Appointment Date
Primary Care Physician: _____ Address: _____ Telephone: _____ Fax: _____			
Specialty Physician: _____ Address: _____ Telephone: _____ Fax: _____			
Specialty Physician: _____ Address: _____ Telephone: _____ Fax: _____			
Specialty Physician: _____ Address: _____ Telephone: _____ Fax: _____			
Dentist: _____ Address: _____ Telephone: _____ Fax: _____			

Get more inspired health solutions like this at [HealthExpressions.com](http://HealthExpressions.com).