

General Health and Emergency Contact Information

List any medications you are currently taking:

List any allergies:

List any health issues or pre-existing conditions:

Preferred phone number: _____

Alternate phone number: _____

Preferred email address: _____

Alternate email address: _____

Preferred method of contact: () Primary phone () Primary email

Emergency contact: _____

Emergency contact phone number(s): _____

Emergency contact relationship: _____