

Download this form and complete it with as much information as you wish and update it as necessary. If you need urgent medical attention while you're away from home, you will have all your medical details in one place. Carry this with you in your purse, backpack, or car's glove box. You may wish to scan or photograph your important documents and save them to a flash drive that you can carry in your purse or on your keychain. You may include your living will, the documents naming your healthcare power of attorney, a do-not-resuscitate (DNR) order, if you have one, etc.

Make sure another person knows where to find important papers and write that down in the section for additional notes. Having everything in order will put your mind at ease as you set off on your travels.

Download Additional Forms at: [bit.ly/CONQUERtravel](http://bit.ly/CONQUERtravel)

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

### EMERGENCY CONTACTS

NAME / PHONE

NAME / PHONE

**BLOOD TYPE:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**CURRENT DIAGNOSIS:** \_\_\_\_\_

**CURRENT HEALTH STATUS:** \_\_\_\_\_

### ONCOLOGIST

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

### MEDICAL HISTORY

DIAGNOSIS DATE

DIAGNOSIS DATE

DIAGNOSIS DATE

DIAGNOSIS DATE

**SURGICAL HISTORY**

PROCEDURE

DATE

PROCEDURE

DATE

PROCEDURE

DATE

**VACCINATIONS (RECENT)**

TYPE

DATE

TYPE

DATE

TYPE

DATE

**CURRENT MEDICATIONS** NAME/DOSE/FREQUENCY/PRESCRIBING PHYSICIAN

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**INSURANCE INFORMATION**

**POLICY NAME/NUMBER:**

**GROUP NUMBER:**

**PRESCRIPTION PLAN:**

**CONTACT:**

**OTHER PHYSICIANS** NAME/PHONE


**OTHER IMPORTANT HISTORY/ADDITIONAL NOTES**


**SIGNATURE:**

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**INDIVIDUAL WITH HEALTHCARE  
POWER OF ATTORNEY:**

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NAME

**DO YOU HAVE AN ADVANCE DIRECTIVE  
OR LIVING WILL?**

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**DO YOU HAVE A SIGNED DNR ORDER?**

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**COPIES OF RELATIVE DOCUMENTS CAN BE FOUND:**

ELECTRONICALLY STORED  
(eg, on flash drive or keyring)

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PAPER COPIES  
(eg, in backpack)

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