

For your safety, take an active role in your healthcare:

- Ask questions
- Make sure to understand the answers.
- Get all test results.
- Bring this health passport with you when seeing the doctor.

List medical conditions/surgeries/
family history.

Living Will

Yes No

Designated Healthcare Surrogate

Yes No

Name

Pneumonia vaccine Date _____

Influenza vaccine

Date _____ Date _____ Date _____

Your name

Address

Phone

Emergency contact name

Phone

Physician

Phone

Physician

Phone

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Health Passport



**Baptist Health
South Florida**

www.baptisthealth.net

Please list all **prescription and over-the-counter medications, vitamins and herbal supplements** that you are taking. Update this list as needed, crossing out discontinued medications. Keep this list with you, and bring it to all medical appointments, hospitalizations and pharmacy visits.

Drug name & dose	How many per day	Purpose

Before taking medication, know:

- Name of drug and what it does.
- How, when and how long to take it.
- What to avoid (food, drinks, other medicines, etc.) while taking the drug.
- The side effects and what to do if they occur.

List all allergies
