

**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 drug.
- Side effects and what to do if they occur.

**List all allergies**

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**List medical conditions/surgeries/  
family history of disease.**

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**Living Will**

Yes  No

**Designated Healthcare Surrogate**

Yes  No

\_\_\_\_\_  
Name

Organ Donor  Yes  No

Pneumonia vaccine Date \_\_\_\_\_

Tetanus vaccine Date \_\_\_\_\_

Influenza vaccine

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Health Passport is available at  
www.baptisthealth.net*

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency contact name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Pharmacy

\_\_\_\_\_  
Phone

# Health Passport



**Baptist Health  
South Florida**

*www.baptisthealth.net*

