



Saint Francis Hospital Saint Francis Hospital South Saint Francis Hospital Vinita Saint Francis Hospital Muskogee

HEALTH INFORMATION CARD DATE

10030207 front / 03-17

Place this card in your wallet.

If you have an advance directive please bring a copy with you to the hospital.

ALLERGIES
TO MEDICATION - FOOD - ENVIRONMENTAL FACTORS - LATEX

PATIENT - NAME IN FULL

HYSICIAN(S)

NAME	DESCRIBE REACTION
1	
IMMUNIZATION	I HISTORY
PLEASE GIVE DATE FOR E	
☐ Flu Vaccine	DATE
Pneumonia Vaccine	
Tetanus	
MEDICAL HISTORY - CH	
□ None	☐ Kidney Disease
☐ Arthritis	☐ Pacemaker/ICD
☐ Bleeding	☐ Phlebitis
☐ Cancer	☐ Now Pregnant
☐ Cataracts	☐ Seizures
☐ Diabetes	☐ Sleep Apnea
☐ Drug/Alcohol Use	☐ Stomach/Bowel
□ Fractures	☐ Stroke
☐ Glaucoma	☐ Tobacco Use
☐ Heart Disease/Heart Attack	Ulcer
☐ High Blood Pressure	Yellow Jaundice
☐ Infectious Disease	☐ Implants
☐ Lung Disease	☐ Medication Pumps
☐ Blood Transfusion - DATE	IV Catheter
Other-Specify	
Attention Smokers: In the i	interest of your health.

we recommend that you quit smoking.

SaintFrancis
Health System

Saint Francis Hospital Saint Francis Hospital South Saint Francis Hospital Vinita Saint Francis Hospital Muskogee

HEALTH INFORMATION CARD DATE

10030207 front / 03-17

Place this card in your wallet.
If you have an advance directive please
bring a copy with you to the hospital.

PATIENT - NAME IN FULL

PHYSICIAN(S)

ALLERGIES TO MEDICATION - FOOD - ENVIRONMENTAL FACTORS - LATEX				
NAME	DESCRIBE REACTION			
1				
1				
1				
IMMUNIZATION HISTORY PLEASE GIVE DATE FOR EACH IMMUNIZATION				
	DATE			
☐ Flu Vaccine				
Pneumonia Vaccine				
Tetanus				
MEDICAL HISTORY - CH	ECK ALL APPLICABLE			
□ None	☐ Kidney Disease			
Arthritis	☐ Pacemaker/ICD			
☐ Bleeding	☐ Phlebitis			
☐ Cancer	☐ Now Pregnant			
☐ Cataracts	Seizures			
□ Diabetes	☐ Sleep Apnea			
☐ Drug/Alcohol Use	☐ Stomach/Bowel			
Fractures	☐ Stroke			
☐ Glaucoma	☐ Tobacco Use			
☐ Heart Disease/Heart Attack	Ulcer			
☐ High Blood Pressure	☐ Yellow Jaundice			
☐ Infectious Disease	☐ Implants			
☐ Lung Disease	☐ Medication Pumps			
☐ Blood Transfusion - DATE	IV Catheter			
Other-Specify				

Attention Smokers: In the interest of your health, we recommend that you quit smoking.

- OVER



- OVER





Saint Francis Hospital Saint Francis Hospital South Saint Francis Hospital Vinita Saint Francis Hospital Muskogee

HEALTH INFORMATION CARD 10030207 back / 03-17

MEDICATIONS INCLUDE PRESCRIPTION AND OVER-THE-COUNTER, HERBALS, VITAMINS, ETC.			
NAME	DOSE	HOW OFTEN?	
	<u> </u>	<u> </u>	
	l I	l I	
	l 	 	
	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	
	l I	l I	
	l I	l I	
PLEASE LIST ANY SURGERIES OR OTHER IMPORTAN	I Γ MEDICAL IN	FORMATION	



Saint Francis Hospital Saint Francis Hospital South Saint Francis Hospital Vinita Saint Francis Hospital Muskogee

HEALTH INFORMATION CARD 10030207 back / 03-17

MEDICATIONS INCLUDE PRESCRIPTION AND OVER-THE-COUNTER, HERBALS, VITAMINS, ETC.				
NAME	DOSE	HOW OFTEN?		
	l 	I 		
	<u> </u>	<u> </u>		
PLEASE LIST ANY SURGERIES OR OTHER IMPORTANT	MEDICAL IN	FORMATION		

