EPISCOPAL CHURCH
MEDICAL TRUST

Personal Health Record & Contact Information

Personal Information

Name

Date of birth

Address

Home phone

Cell phone

Email

Alternate address

Alternate phone

Emergency Contact Information

Name

Relationship

Home phone

Cell phone

Insurance Information

Primary insurance

Identification/group number

Supplemental insurance

Secondary insurance

Medical Information

Physical Examination

Date of last physical

Allergies

List all food and/or drug allergies

Medical Conditions

List all current conditions for which you are being treated and any new symptoms you wish to discuss

Medication & Dosages

Include any over-the-counter medications, vitamins, and supplements

Surgeries

List most recent surgeries first

Hospitalizations

List most recent hospitalizations first

Treatments

List any current/ongoing treatments (cardiac rehab, physical therapy, etc.)

Testing

List any recent testing (MRI, CT Scan, etc.) and dates

Immunizations

Type	Date

Medical Information (continued)

Implants	Implanted medical devices (pacemaker, knee joint, etc.)
Dental	Dental or oral health issues
Vision	Medical treatment for vision problems
Hearing	Hearing issues (use of hearing devices or other auditory problems)

Lifestyle Information

☐	Alcohol	Drink(s) per week	Number of years
☐	Smoking	Pack(s) per day	Number of years
☐	Exercise	Type(s)	Days per week
☐			
☐			
☐			

Legal Documents / Medical Directives

☐ Living Will

☐ Durable Power of Attorney for Healthcare

☐ Power of Attorney

☐ Other

☐ Other

Document(s) location

Executor's Name

Phone Fax

Email

This worksheet is provided as a courtesy to you, for your personal use only, and for organizing and maintaining your personal health records. It is not intended to provide medical advice in any way. The Church Pension Fund and its affiliates are not responsible for any actions taken or not taken based on the information gathered in this worksheet.

Family Medical History

Check all items that apply to your family members' present state of health or any illnesses they have had:

	Mother	Father	Siblings	Grandparent	Children
Enter ages of relatives					
If deceased, indicate age and cause of death					
Alcoholism					
Arthritis					
Asthma					
Cancer					
Diabetes					
Emphysema					
Glaucoma					
Heart condition					
Hemodialysis					
Hepatitis					
High blood cholesterol					
High blood pressure					
Kidney disease					
Liver disease					
Mental retardation					
Rheumatic fever					
Seizures					
Smoking					
Stomach / intestinal problems					
Stroke					
Thyroid disorders					
Tuberculosis					
Tumor					