Section 5

Health

NOTE Please read the extensive educational information in Section 5 of the **Family Resource Guide.** This is a mini-MBA in health care issues for the aging.

First Patient:

Name:____
Allergies:____
____
Blood Type:____
Pertinent Medical History:____
____
____
______________Do you have a pacemaker or other implanted device? □ Yes □ No
Location of List of Current Medications:___________________________________

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:_____________________________Account#:__________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:_____________________________Account#:__________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:_____________________________Account#:__________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:___________________________Account#:________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:___________________________Account#:________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:___________________________Account#:________________________
For those on Medicare: Do they accept Medicare Assignment?____Does office bill your supplemental insurance?_____Does Medicare automatically inform your supplemental?

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____
Email Address:____
Specialty:___________________________Account#:________________________
For those on Medicare: Do they accept Medicare Assignment? Does office bill your supplemental insurance?___ Does Medicare automatically inform your supplemental?

Pharmacy name:____
Address:____
Telephone# : (   )_______________________FAX #:( ) __________________________
Email Address:____
Account #: :____

(Did you know that you can contact your pharmacy and request a printout of all prescription drugs that were purchased in the prior year? This will give you the amount of out-of-pocket expenses with that pharmacy for your tax return. Contact them after January 1st.)

Children's Physicians:

Patient's name:____
Allergies:____
____
Blood Type:____
Pertinent Medical History:______________________________________
____
____
____
____
Location of List of Current Medications:______________________________

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____ Email
Address:____
Specialty:______________________Account#:____________________

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____ Email
Address:____
Specialty:______________________Account#:____________________

Physician's name:____
Name of Practice:____
Telephone #:(   )____
Address:____ Email
Address:____
Specialty:______________________Account#:____________________

Pharmacy name:____
Address:____
Telephone# : (   )__________________FAX #:( ) ____________________
Email Address:____
Account #: :____