



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

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ALLERGIES TO MEDICATION - FOOD - ENVIRONMENTAL FACTORS - LATEX				
NAME	DESCRIBE REACTION			
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IMMUNIZATION PLEASE GIVE DATE FOR				
TELAGE GIVE DATE FOR	DATE			
☐ Flu Vaccine	,			
Pneumonia Vaccine				
Tetanus				
MEDICAL HISTORY - (CHECK 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				
☐ High Blood Pressure	☐ Yellow Jaundice			
☐ Infectious Disease	☐ Implants			
Lung Disease	☐ Medication Pumps ☐ IV Catheter			
Blood Transfusion - DATE	Liv Catheter			
Other-SPECIFY				

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

- OVER

SaintFrancis Health System

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MEDICATIONS INCLUDE PRESCRIPTION AND OVER-THE-COUNTER, HERBALS, VITAMINS, ETC.				
NAME	DOSE	HOW OFTEN?		
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PLEASE LIST ANY SURGERIES OR OTHER IMPORTANT	MEDICAL INI	FORMATION		



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NAME	DOSE	HOW
NAME	DOSE	OFTEN?
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LEASE LIST ANY SURGERIES OR OTHER IMPOR	RTANT MEDICAL IN	NFORMATION

