



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

IMMUNIZATION HISTORY

PLEASE GIVE DATE FOR EACH IMMUNIZATION

DATE

- Flu Vaccine ----- _____
- Pneumonia Vaccine ----- _____
- Tetanus ----- _____

MEDICAL HISTORY - CHECK ALL APPLICABLE

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pacemaker/ICD |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Now Pregnant |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Drug/Alcohol Use | <input type="checkbox"/> Stomach/Bowel |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Heart Disease/Heart Attack | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Yellow Jaundice |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Medication Pumps |
| <input type="checkbox"/> Blood Transfusion - DATE _____ | <input type="checkbox"/> IV Catheter |
| <input type="checkbox"/> Other - SPECIFY _____ | |

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

- OVER



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