InTune
HEALTH ADVOCATES, LLC

Personal Information

Name: _____ Date of Birth: _____

Contact Information:

Emergency Contact 1: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact 2: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact 3: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Allergies: _____

Blood Type: _____ Organ Donor: ____ Yes ____ No

Health Care Power of Attorney: Yes/No

If Yes: Proxy Name: _____

Home Phone: _____ Cell: _____Work: _____

Living Will/POLST: Yes/No

Do Not Resuscitate (DNR) order: Yes/No

Include copies of advance directives in the binder.

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Health Insurance Information

Primary Insurance:

Company: _____ Phone: _____

Group/Policy ID: _____ Website: _____

Secondary Insurance (e.g., Medicare Supplemental):

Company: _____ Phone: _____

Group/Policy ID: _____ Website: _____

Pharmacy/Medicare Part D Insurance:

Company: _____ Phone: _____

Group/Policy ID: _____ Website: _____

Include a copy of your insurance card.

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Health Care Providers

1) Name: _____ Specialty: _____

Address: _____

Office Phone: _____ Fax: _____ Other: _____

Website/EHR: _____

2) Name: _____ Specialty: _____

Address: _____

Office Phone: _____ Fax: _____ Other: _____

Website/EHR: _____

3) Name: _____ Specialty: _____

Address: _____

Office Phone: _____ Fax: _____ Other: _____

Website/EHR: _____

4) Name: _____ Specialty: _____

Address: _____

Office Phone: _____ Fax: _____ Other: _____

Website/EHR: _____

5) Name: _____ Specialty: _____

Address: _____

Office Phone: _____ Fax: _____ Other: _____

Website/EHR: _____

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Medications

Include prescription and over-the-counter medications, herbs, supplements, medical marijuana

Name of Medication/Reason	Dose	Time of Day Taken

Allergies: _____

_____

Pharmacy name and phone number: _____

Medical Records

If you have on-line access to your medical records, list which system(s) and password(s)

1. _____

2. _____

3. _____

Include hard copies/print-outs of recent medical tests, after visit summaries, and hospital discharge summaries.

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Medical History

Currently being treated for:

Past illness/surgeries:

Family History: