

Contact

If you find this booklet please return to:

Gettysburg Presbyterian Church

208 Baltimore Street

Gettysburg, PA 17325

Phone: 717-334-1235

Personal Health Record



NAME:

Remember to take this record with you to all doctor's visits

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Emergency Contacts

Name: _____

Relation to patient: _____

Phone#: _____

Name: _____


Relation to patient: _____

Phone#: _____


Advanced Directives: Yes: _____ No: _____

Living Will: Yes: _____ No: _____

Red Flags

: _____

Actions to Take: _____

: _____

Actions to Take: _____

: _____

Actions to Take: _____

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Actions to Take: _____

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Actions to Take: _____

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Actions to Take: _____

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Actions to Take: _____

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Actions to Take: _____



Health Care Provider Information

Primary Care Doctor: _____

Phone #: _____

Other Specialists:

Doctor: _____

Phone #: _____

Specialty: _____

Doctor: _____

Phone #: _____

Specialty: _____

Doctor: _____

Phone #: _____

Specialty: _____

Doctor: _____

Phone #: _____

Medication Record

Name	Dose	How Often	Reason Taking

Pharmacy

Name of Pharmacy: _____

Phone#: _____

Allergies
