



**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**

Health Information Summary

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Legal name: _____ Preferred name: _____

Birth date: _____ Birth city: _____ Birth county: _____ Birth state: _____

Blood type: _____ Allergies: _____

Foreign objects in the body (pacemaker, knee replacement, etc.)

Assistive devices (hearing aids, walkers, etc.)

Durable medical equipment (blood sugar meter, oxygen tank, etc.)

Personal medical history

Cancer, hypertension, diabetes, history of seizures, and any other mental and physical health conditions

Surgeries

Family medical history

Cancer, hypertension, diabetes, and any other mental and physical health conditions that are common in the family.

Name and contact information of health care providers

Primary care

Pharmacy

Social worker

Psychiatrist

Psychologist

Dentist

Optometrist/Ophthalmologist

Specialty care (Cardiologist, dermatologist, gynecologist, urologist, etc.)

Medications (prescription and over-the-counter) and Supplements

Name	Reason for taking	Dosage	Frequency

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