PERSONNAL AND ADMINISTRATIVE INFORMATION

|  |  |
| --- | --- |
| NAME |  |
| E:\Dropbox\PartageFifou\Com'OnWeb\2012-10 Estelle Margaine\03-Production\Wealyhip\Logo\Logo V4 - Anglais.pngMaiden Name |  |
| First Name |  |
| Address | Birth’s date |
| Telephone: |
| Cellphone: |

|  |  |  |
| --- | --- | --- |
| Social Security | Compl. Health Insurance Coop | Health Insurance |
| Name:  N°: | Name:  N°: | Name:  N°: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | Name, Address, Telephone |
|  | | | |  |
| IMPORTANT ADRESSES, PHONE NUMBERS |  | Family, Close | Persons to warn |  |
|  |  |  |  |
|  | Physician and Health  care worker | Family physician |  |
|  | Nurse at home |  |
|  | Others health care workers  at home |  |
|  |
|  |  |  |  |
|  | Hospital | Hospital and department where you are following |  |
| Patient referral |  |
|  |  |  |  |
|  | Others | Interpreter (if you need),  legual protection |  |
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| PRESENT DOCUMENTS IN THE WEALYHIP |

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| --- | --- | --- | --- |
| Last PRESCRIPTION(S) |  | Blood group’s card |  |
| Electrocardiogram |  | Social security certificate |  |
| Blood collection results |  | Address of Compl. Health Insurance Coop |  |
| Radiography, scanner and echography results |  | Health insurance (to be repatriating) |  |
| Date of last tetanus vaccine |  | Identity Card |  |
| Medical correspondence |  | OTHERS: | | |

**MEDICAL INFORMATION**



Date of the last updating:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL HISTORIES |  | Medical |  | | | | |
|  |  |  | | |  | |
|  | Surgical |  | | | | |
|  |
|  |
|  |
|  |  |  | | |  | |
|  | Allergy | Drugs |  | | | |
| Food |  | | | |
| Others |  | | | |
|  |  |  | | |  | |
|  | Protocols |  | | | | |
|  |
| Weight | | Size | Usual blood pressure | | Blood group | | Tetanus vaccine |
|  | |  |  | |  | | Date: |
|  | |  |  | | | |  |
| Important historical background’s family | | | | | | | |
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| PRESENT TREATMENT |

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