



Health Information Card

IDENTIFICATION

Name _____

Address _____

Tele # home _____

Tele # business _____

Tele # cell _____

IN CASE OF EMERGENCY _____

HEALTH PROVIDER NUMBERS

Care Card # _____

Family Doctor _____

Specialists/Clinics _____

PERSONAL HEALTH INFORMATION

Target Heart Rate _____

Medical Condition _____

Date Lab results

ALLERGIES: _____

MEDICATIONS

Name Dosage Frequency

Signals to Slow Down:

- if you have exceeded your recommended Target Heart Rate
- shortness of breath
- discomfort in the chest, arm, back, jaw or unusual joint or muscle pain
- irregular heart beats, dizziness, nausea
- difficulty breathing