

FIRST- Save this Health Profile form to your computer. **NEXT**- Double click to open the form you just saved to your computer. This should launch the Adobe Reader App. Begin to fill out this 2-page form by clicking in areas to fill in and typing in your information. Remember to re-save this form frequently. Print this form as a 2-sided document OR print page 1, then reinsert page 1 into your printer's feeder and print out page 2 on the unprinted side. Observe if both sides of the form are in relative alignment by holding up to the light. Trim on dotted line. Insert this form into your MediPal ID holder and secure to your seatbelt.

The MediPal[®] Seatbelt ID

Saving Time Saves Lives



My MediPal[®]
Information



Date form was filled out

– Download this free form – Go to:
www.mediband.com/au/medipal-download

Visit us at www.mediband.com



The purchaser/user assumes full responsibility for the accuracy of information provided, the placement of the MediPal[®] ID on user's seatbelt or physical self, and/or any harm produced by the MediPal[®] ID itself or from any contents placed in or attached to the MediPal[®] ID. Information provided which results in disclosure of information to unwanted parties or resulting in identity theft is the sole responsibility of the purchaser/user.

Place photo of
user's face here.

My Personal Info

My Name: _____

Nickname: _____

Date of Birth: _____

My Address: _____

My Home Phone: _____

My Cell Phone: _____

Health Care Power of Attorney:

name: _____

phone: _____

Location of my Health Care Directive: _____

Family's meeting place away from home: _____

My Emergency Contacts

(Consider listing one out-of-town contact.)

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

My Automobile Insurance Company:

Name: _____

Phone: _____

Policy #: _____

My Medical Insurance Company:

Name: _____

Phone: _____

Member I.D.#: _____

My Primary Doctor:

Name: _____

Phone: _____

My Specialty Doctor:

Name: _____

Phone: _____

My Dentist:

Name: _____

Phone: _____

FIRST- Save this Health Profile form to your computer. **NEXT**- Double click to open the form you just saved to your computer. This should launch the Adobe Reader App. Begin to fill out this 2-page form by clicking in areas to fill in and typing in your information. Remember to re-save this form frequently. Print this form as a 2-sided document OR print page 1, then reinsert page 1 into your printer's feeder and print out page 2 on the unprinted side. Observe if both sides of the form are in relative alignment by holding up to the light. Trim on dotted line. Insert this form into your MediPal ID holder and secure to your seatbelt.

My Medical Diagnosis

My Medical History

(Recent Surgeries, Hospitalizations, Past Diagnoses?)

My Preferred Hospital

My Medical Information



My Primary Language is: _____

I Communicate By: ☐Voice ☐Sign Language ☐Gestures ☐Interpreter
☐Written Word ☐Picture Board ☐Communication Device

My Blood Type: _____ My Weight: _____

Hearing loss? _____ Wear hearing aids? _____ Vision loss? _____ Wear Glasses? _____

Special Diet? _____ Organ donor? _____

+ My Medications + (As of this date: _____)
(Include the Names AND Dosages of all prescriptions, herbal and homeopathic medicines.)

My Pharmacy name & phone: _____

My Allergies to Food or Medication: (Include side effects)