Medical Records, Meds & Providers

One page per person: meds, allergies, providers and records

One page per family member. Keep the filled-in pages in your hand-carry folder and take a photo for your phone. Print extra copies as needed.

Family member: _____ Date of birth: _____

DoD ID / sponsor: _____ TRICARE plan: _____

Blood type: _____ Emergency contact: _____

Allergies & conditions

Allergies (meds, food, other): _____

Ongoing conditions: _____

Current medications

Medication	Dose	How often	Prescribed by	Pharmacy	Refills left

Current providers

Type	Name / clinic	Phone	Records requested?	Received?
Primary care				
Dental				
Vision				
Specialist				
Specialist				
Therapy / behavioral				
Other				

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New providers at the gaining location

Type	Name / clinic	Phone	First appointment	Referral needed?
Primary care				
Dental				
Vision				
Specialist				

Notes

Remember: Write the generic name and the reason for each medication. It makes refills and new-provider visits much easier, especially overseas.

Keep going with PCS Like A Pro

Find more printables and step-by-step help at **pcslikeapro.org**, starting with the **TRICARE & Health** page. Want your whole move in one place? The **Command Center** binder walks you from orders to keys.

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