

MY MEDICAL HISTORY

FULL NAME: Joseph Murgatroyd Blow **DATE OF BIRTH:** 1/1/1950

ADDRESS: 1234 Youknowwhat Rd, Manhattan, MT 59741

Cell Phone Number: 406-581-1234 **Other:** 406-284-1234

CONTACT PERSONS: Name, Relationship, and best phone number:

Please indicate if any of these people have your power of attorney for healthcare decisions

Primary: Jane Blow, Wife, 406-567-1234, POA

Alternate: Joan Blow, Daughter, 406-581-2345, POA

Name and phone number of your primary medical care provider:

Stan Anydoctor, 406-414-1400

Medication Allergies or intolerances, and list reaction to each:

Penicillin, rash; Sulfa, rash; Benadryl, confusion.

Your Current Medications, including **all** over-the-counter and herbals, name, dose, frequency:

Diltiazem XL 120mg daily; Atorvastatin 40mg daily; Metformin 1g twice a day; Aspirin 81 mg daily; Plavix 75mg daily; Claritin 10mg daily; Centrum silver, one daily

List all your active or chronic medical problems:

Type 2 diabetes, high blood pressure, heart attack sleep apnea

List all surgical procedures done since 1/1/2020:

None

Do you have any implanted devices or use CPAP?; Please specify:

Heart stents x 3. Heart pacemaker. CPAP 12

List all travel outside Montana since 3/1/20:

Miami Florida by air, 1/25/20-2/5/20

Please list any other information you think we need to know:

Please place this either on your refrigerator door or in an obvious place on your kitchen counter. If you have a living will or other advance directive not on file at Bozeman Health, please attach a copy by paper clip to this document. If you have a POLST (Montana Provider Orders for Life-Sustaining Treatment) please attach the original to this document by paper clip.