

Telephone Numbers & Information

Emergency Medical Service (EMS): _____ Campus Security: _____
Fire: _____ Police: _____ Suicide Prevention: _____
National Poison Control: 1-800-222-1222 Local Poison Control: _____
Community Urgent Care Center: _____ telephone: _____
Student Health Services: _____ After Hours : _____
Student Counseling/Mental Health Services: _____
Personal Physician: _____
Nearest Hospital: _____ Pharmacy: _____

Health Insurance Information

Company: _____ Phone Number: _____
Address: _____
Policyholder's Name: _____ Policy Number: _____

What to Tell Your Health Care Provider

(Use this summary when you call or visit a health care provider.)

Symptoms

- | | | |
|---|--|--|
| <input type="checkbox"/> Pain (location and severity) | <input type="checkbox"/> Stomach problems | <input type="checkbox"/> Duration of symptoms |
| <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Constant or intermittent |
| <input type="checkbox"/> Skin problems (location and description) | <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Things that make symptoms better or worse |
| <input type="checkbox"/> Eye, ear, nose, throat problems | <input type="checkbox"/> Anxiety, depression | |

Other problems: _____

Specific questions I have now: _____

What I need to do: _____

Medications

	Name/Dose	Name/Dose
Prescribed and over-the-counter medications I take:	_____	_____
	_____	_____
Herbs and supplements I take:	_____	_____
Medications I'm allergic to:	_____	_____