Caltech

STUDENT WELLNESS SERVICES
HOSPITAL PREPAREDNESS FORM

Going to the hospital can be a disorienting experience. Fill out this hospital preparedness form so you can refer to key information easily. Don't forget to save a copy on your phone!

Your Name: _____ Date of Birth:_____

Home Address:

_____

Drug Allergies:

Current Over the Counter Medications:

Current Prescription Medications:

Medical History:

Surgical History:

Primary Emergency Contact

Name: _____ **Relationship:** _____

Telephone Number: _____ **Email:** _____

Secondary Emergency Contact

Name: _____ **Relationship:** _____

Telephone Number: _____ **Email:** _____

Health Insurance Information

Health Insurance Carrier: _____

Health Insurance Policy Number: _____

Health Insurance Group Number: _____

Insurance Phone number (customer service/benefits): _____

Address of Insurance Carrier: _____

Subscriber's Name: _____

Name of Primary Care Doctor: _____

Primary Care Doctor Telephone Number: _____