# HEALTH INFORMATION MANAGER

| Doctor's Name and Specialty<br>Address and Phone Number | Ongoing Medications | Condition Treated |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Immunizations – Dates and Types** | | |
| **Important Surgeries – Dates and Types** | | |
| **Allergies** | | |