



ACCOUNT INFORMATION FORMS

This packet is being provided to MedsFile.com customers who do not have immediate Internet access, or are unable to input their own information online.

If you complete these forms yourself...

Complete these forms by hand. Give them to a family member or caregiver so that he or she can enter your information into MedsFile.com for you.

If you need assistance in completing these forms...

Together, you and a family member or caretaker can complete the forms by hand, and then he or she can enter the information into your MedsFile.com account for you.

This packet is 6 pages long and provides forms with ample empty space for all the information to be stored in a MedsFile.com account.

Thank you for allowing MedsFile.com to be of service to you.

You may download additional copies of this packet at www.medsfile.com/acctinfoforms.pdf

Visit our homepage at www.medsfile.com



Fill out table below with your **ALLERGY** information.
The first row has been filled in as an example only.

Name Of Drug or Food Allergy	Consequence
<i>Rezomax</i>	<i>Hives</i>

Fill out table below with your **PHYSICIAN** information.
The first row has been filled in as an example only.

Physician's Name	PCP?	Specialty	Phone Number
<i>Dr. Jake Coyne</i>	<i>Yes</i>	<i>General Practitioner</i>	<i>404-555-0707</i>



Fill out tables below with your **EMERGENCY CONTACT** information.
The first table has been filled in as an example only.

Name	<i>Jack Bauer</i>
Home Phone	<i>818-555-1234</i>
Work Phone	<i>818-555-5678</i>
Cell Phone	<i>818-555-9012</i>
Address	<i>123 CTU Industrial Way</i>
City, State, Zip	<i>Los Angeles, CA 91201</i>
Relationship	<i>Brother</i>

Name	
Home Phone	
Work Phone	
Cell Phone	
Address	
City, State, Zip	
Relationship	

Name	
Home Phone	
Work Phone	
Cell Phone	
Address	
City, State, Zip	
Relationship	

Name	
Home Phone	
Work Phone	
Cell Phone	
Address	
City, State, Zip	
Relationship	

