Telephone Numbers & Information

Emergency Medical Service (EMS):

Campus Security: ________________________________
Fire: ________________________________ Police: ________________________________
Poison Control Center: 800.222.1222
Local Poison Control Center: ________________________________
National Suicide Prevention Lifeline: 800.273.8255
Community Urgent Care Center: ________________________________ Campus Urgent Care: ________________________________
Student Health Services: ________________________________
After Hours Number: ________________________________
Student Counseling/Mental Health Services: ________________________________
Personal Physician: ________________________________
Nearest Hospital: ________________________________ Pharmacy: ________________________________

Health Insurance Information
Company & Telephone Number:

Address: ________________________________
Policyholder’s Name & Policy Number:

What to Tell Your Doctor or Provider
(Make copies as needed.)

Use this summary when you call or visit a doctor or provider.

Symptoms
- Pain (location and severity)
- Nausea/vomiting
- Skin problems (location and description)
- Eye, ear, nose, throat problems
- Fever/chills
- Breathing problems
- Stomach problems
- Anxiety, depression
- Duration of symptoms
- Constant or intermittent
- Things that make symptoms better or worse
Other problems:

______________________________________________________________

Specific questions I have now:

______________________________________________________________

What I need to do:

______________________________________________________________

**Medications**

*Prescribed and over-the-counter medications I take:*

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

*Herbs and supplements I take:*

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

*Medications I’m allergic to:*

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________

Name / Dose: ________________________________________________