Cancer Association
Of Havasu
94 Acoma Blvd. S. Ste. 101
Lake Havasu City, AZ 86403
928-855-5000 havasucommunityhealth.org

My History

My Medical Profile

Medical Conditions: (For example: high blood pressure, heart trouble, diabetes, depression, etc.)

Condition	Year Diagnosed	How is it treated?

Allergies: (For example: medications, food and/or other substances)

Allergy	Allergic Reaction: (What symptoms develop?)

Medications I Take: Information the doctor will want to know for each medication:

Why are you taking it? How Long have you been taking it?
What is the dosage? How many times a day do you take it?

Medication	Dose	Number of Times Taken Per Day	Date Started	Prescribed By