**Patient Information**

**Blood Type, Allergies, Intolerances and Sensitivities**

(Protected health information. Keep in a secure place.)

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**Patient information:**

Name:­ Date of birth:

Address: Place of birth:

Phone/cell:

Email:

**Blood type (for donor purposes):**(Note: List family or friends with compatible blood types who live nearby (who have not had illnesses that preclude donating.))

Patient’s blood type:

Donor name/relation: Donor name/relation:

Donor name/relation: Donor name/relation:

Allergies, intolerances and sensitivities:  
(I.e., lactose intolerant or caffeine sensitive. Include drug, food and environmental causes.)

Allergies:

Intolerances:

Sensitivities: