

PATIENT INFORMATION

BLOOD TYPE, ALLERGIES, INTOLERANCES AND SENSITIVITIES

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



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: _____

