

PRIMARY CAREGIVER

GENERAL INFORMATION

NAME		D.O.B.	SEX M F
RELATIONSHIP TO CARE RECIPIENT			
HOME ADDRESS			
CITY	STATE	ZIP CODE	
PHONE 1 (HOME)		PHONE 2 (CELL)	
E-MAIL			
EMPLOYER/PLACE OF WORK			WORK PHONE
WORK ADDRESS			
CITY	STATE	ZIP CODE	

EMERGENCY CONTACT INFORMATION (IF NOT SAME AS ABOVE)

NAME			
RELATIONSHIP TO CARE RECIPIENT			
HOME ADDRESS			
CITY	STATE	ZIP CODE	
PHONE		E-MAIL	

NOTES

CARE RECIPIENT

GENERAL INFORMATION

NAME		D.O.B	
SOCIAL SECURITY NUMBER		SEX	M F
HOME ADDRESS			
CITY	STATE	ZIP CODE	
PHONE 1 (HOME)		PHONE 2 (CELL)	
E-MAIL			
EMPLOYER/PLACE OF WORK		WORK PHONE	
WORK ADDRESS			
CITY	STATE	ZIP CODE	

INSURANCE INFORMATION

MEDICAL INSURANCE CARRIER	
SUBSCRIBER'S NAME	SUBSCRIBER'S SSN
GROUP NUMBER	
POLICY NUMBER	
RELATIONSHIP TO SUBSCRIBER	
DENTAL INSURANCE	
SUBSCRIBER'S NAME	SUBSCRIBER'S SSN
GROUP NUMBER	
POLICY NUMBER	
RELATIONSHIP TO SUBSCRIBER	

HEALTH CONDITION INFORMATION

DIAGNOSIS (Type of lupus)

DIAGNOSED BY

DATE OF DIAGNOSIS

SYMPTOMS

ALLERGIES

NOTES

PHYSICIAN INFORMATION

PRIMARY CARE PHYSICIAN

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

WEBSITE

E-MAIL

RHEUMATOLOGIST

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

WEBSITE

E-MAIL

DERMATOLOGIST

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

WEBSITE

E-MAIL

OTHER SPECIALIST:

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

WEBSITE

E-MAIL

PHYSICIAN INFORMATION (cont.)

OTHER SPECIALIST:		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		
OTHER SPECIALIST:		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		
OTHER SPECIALIST:		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		
OTHER SPECIALIST:		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		

PHARMACY INFORMATION

ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		

HOSPITAL INFORMATION

ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
WEBSITE		
E-MAIL		

