

## Personal

Name:

Phone:

## Emergency contact

Name:

Phone:

**GP name:**

**Pharmacy no:**

**Allergies/ Reactions:**

**List any eye drops, puffers or medication patches you use regularly:**

## Falls are Preventable Take steps to avoid a fall by:

- Understanding your medications
- Being active
- Having regular eyesight checks
- Wearing safe footwear. Good foot care
- Making your home safe
- Improving your balance
- Managing your health
- Eating well
- Being aware of hazards in public places

For more information  
[www.healthpromotion.com.au](http://www.healthpromotion.com.au)  
follow links to Falls Prevention or  
ring 43209700



List all medicines prescribed by your doctor including over-the-counter products, vitamins, minerals and herbal medications you take. Cross out medications when ceased.

Carry this card with you at all times and show to **all** health professionals Doctors, Dentist, Pharmacist, Podiatrists etc.

