## 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
- $\hfill\square$  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** 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.

## Show this card every time you visit a Doctor or health professional. \*Include vitamins, minerals and herbal medication you take

Date / / /

Medicine	Strength	How many and when?	Reason for use	Special instructions	Date started