Hutchinson Health Clinic
3 Century Avenue
Hutchinson MN 55350
(320) 587-2020
(800) 944-2690
www.HutchHealth.com

Medical Record

PERSONAL DATA

Name:______________________________________ Sex: __________ Ht: ___________ Wt: _________

Date of Birth: ______________________________ Hair: ________________ Eyes: _______________

Address:____________________________________ Citizenship:________________________________

____________________________________ Religion: ___________________________________

____________________________________ Marital Status:______________________________

Phone:_____________________________________ Passport #:________________________________

SS#: _______________________________________

IMPORTANT INFORMATION

Insurance Co.:_______________________________

Policy #_____________________________________

Physician in home country:____________________

Address:

____

____

Phone:____________________________________

Glasses Prescription

	Sphere	Cylin.	Axis	Prism	Base
OD					
OS					

Add ______________ Base Curve____________

Other: ______________________________________

Blood Type: Rh _______ Blood Group _________

Dental history if relevant:

EMERGENCY NOTIFICATION

Name:______________________________________ Relationship:_______________________________

Address:____________________________________ Phone:_____________________________________

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CHRONIC MEDICAL CONDITIONS (e.g., cardiac problems, diabetes, hypertension**):**

MEDICATIONS CURRENTLY USED (include over the counter and herbal supplements)**:**

CURRENT OR RECENT CONDITIONS (e.g., pregnancy, flu, injury):

DRUG SENSITIVITIES:

OTHER ALLERGIES: