

ADULT
IMMUNIZATIONS

**PERSONALIZED HEALTH
PASSPORT**

**YOUR HEALTH...YOUR
CHOICE...GOLD CHOICE..**



This passport is designed to help you improve your physical health. Inside you will find a comprehensive listing of all the things you have to tell your doctor and how to get your questions answered.

Please take you time while filling it out and make sure you consult with your primary care physician so that all of your information is up to date.

462 Grider St.
CC Bldg.
Buffalo, NY 14215
Phone: 716-898-5966
Fax: 716-898-4750
Toll Free: 888-419-1722

ADULT

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

Blood Type: _____

Allergies: _____



Important Information

Emergency Contact:

Name: _____

Address: _____

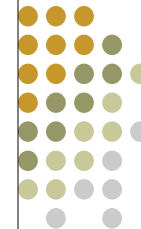
Telephone Number: _____

Primary Care Physician:

Name: _____

Address: _____

Telephone Number: _____



ADULT

Medicaid CIN Number: _____

Medicare ID Number: _____

Department of Social Services:

Case Worker: _____

Telephone Number: _____

Managed Care Plan:

Gold Choice Member Services: 898-5971

Or Toll Free at 888-419-1722



Behavioral Health Providers

Agency: _____

Counselor: _____

Psychiatrist: _____

Address: _____

Telephone Number: _____

Crisis Services: 834-3131



ADULT

Td Tetanus (every 10 years) _____

MMR: _____

Hepatitis A #1 _____

Hepatitis B #1 _____ **#2** _____ **#3** _____

Flu Vaccination (yearly) _____

Pneumococcal: _____

Varivax #1 _____ **#2** _____

Tuberculosis: _____

Other: _____



Pharmacy Information

Pharmacy: _____

Telephone number: _____

Medications and Refill Dates:

