

# About Me

## Prescriptions

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

Medication: \_\_\_\_\_

Refill Date: \_\_\_\_\_

called-in

picked-up

## Appointments

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Done

Cancelled

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Done

Cancelled

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Done

Cancelled

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Done

Cancelled



*About Me* is about you and your MS. Please keep a record of your prescriptions and when you must refill them, and your healthcare appointments and their dates.

**Additional supplies of About Me are available at [www.mspatientcare.org](http://www.mspatientcare.org) or by contacting us at [info@mscare.org](mailto:info@mscare.org).**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Insurance Information**

Primary Health Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

Primary physician: \_\_\_\_\_

Primary physician phone number: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_

Prescription Insurance: \_\_\_\_\_

Prescription Co-payment: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_