**Health & Safety Register**

j0240719 j0211949 j0186002 j0199755 j0278882

**Joseph W Beach**

**11348 Stratton Ave**

**Eden Prairie, M 55344**



Change name and insert picture of person

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| **Personal Information** | | | | | | | | | | | |
| **Name** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
|  | **City** | | | | | **State** | | | **Zip** |
| **Phone: Home** |  | | | **Phone Cell** | | |  | | |
| **Phone: Work** |  | | | **Fax:** | | |  | | |
| **Birth Date** |  | | | **Language** | | |  | | |
| **Occupation** |  | | | **Marital Status** | | | | | |
| **Additional Personal Information** | | | | | | | | | |
| **Living Will** | **Yes** | **No** | **Where Located** | | | | | | |
| **Organ Donor** | **Yes** | **No** | **On License** | | **Yes** | | | **No** | |
| **Allergies** |  | | | | | | | | |
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| **Insurance Company/Agent Phone Policy ID Deductible** | | | | |
| **Auto #1** |  |  |  |  |
| **Auto #2** |  |  |  |  |
| **Burial** |  |  |  |  |
| **Home** |  |  |  |  |
| **Life #1** |  |  |  | |
| **Roadside** |  |  |  |  |
| **Rental** |  |  |  |  |
| **Employer HR** |  |  |  | |
| **Travel** |  |  | Dates: | |
| **Other** |  |  |  | |
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| **Medications (Cross Out Non Current Drugs- This is Valuable)** | | | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |

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| --- | --- | --- | --- | --- |
| **Medications (Cross Out Non Current Drugs- This is Valuable)** | | | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |
| **Drug** | | | **Dosage** | **TPD** |
| **Date** | **Condition** | | | |
| ***Notes*** | |  | | |

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| **Vitamins / Herbal Suppliments / Over the Counter** | | |
| **Drug** | | **Mgs/Dosage/TPD** |
| **Date** | **Condition** | |
| **Notes** | | |
| **Drug** | | **Mgs/Dosage/TPD** |
| **Date** | **Condition** | |
| **Notes** | | |
| **Drug** | | **Mgs/Dosage/TPD** |
| **Date** | **Condition** | |
| **Notes** | | |
| **Drug** | | **Mgs/Dosage/TPD** |
| **Date** | **Condition** | |
| **Notes** | | |
| **Other Notes** | | |

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| **Tests Date Location/ Physician** | | |
| **Hearing Test** |  |  |
| **Results/Notes** |  | |
| **Mammogram 1** |  |  |
| **Results/Notes** |  | |
| **Mammogram 2** |  |  |
| **Results/Notes** |  | |
| **Pap Smear 1** |  |  |
| **Results/Notes** |  | |
| **Pap Smear 2** |  |  |
| **Results/Notes** |  | |
| **X-Ray Chest** |  |  |
| **Results/Notes** |  | |
| **X-Ray Other** |  |  |
| **Results/Notes** |  | |

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|  | **Family History Mother (M) Father (F) Grandmother (GF) Grandfather (GF)**  **Brother (B) Sister (SR) Daughter D) Son (S)** | | | | | | | | | | | | | | | | |
| **Relation** | | **Still Living** | **Brain** | **Breast Cancer** | **Colon Cancer** | **Depression** | **Diabetes** | **Heart** | **Hyper Tension** | **Kidney** | **Liver** | **Lung** | **Mouth** | **Ovarian Cancer** | **Pancreas** | **Scoliosis** | **Other** | |
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| **Glucose Record** | | | | |
| **Date** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** |
|  | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** |
|  | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** |
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|  | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** |
|  | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** |
|  | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** | **BG Pre**  **Med**  **BG Post** |

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| **Additiomal Inoculations, Tests, Inoculations, Immunizations, & Vaccinations**  **See: CDC.gov\vaccines/acip Date Location and Notes** | | |
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| **Operations/Procedures** | | | | |
| **Date** | **Operation** | | **Location / Physician** | |
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| **Inoculations, Tests, Inoculations, Immunizations, & Vaccinations \*CDC Recommended**  **See: CDC.gov\vaccines/acip Date Location and Notes** | | | | |
| **\* Chicken Pox (Varicalla)** | |  | |  |
| **\*TDAP (Tetanus, Diphteria, Pertussis)** | |  | |  |
| **\*TDPT Boster #1**  **\*TDPT Boster #2** | |  | |  |
| **\*MCV Meningcoccal** | |  | |  |
| **\*Influenza** | |  | |  |
| **\*Hepatitis A** | |  | |  |
| **\*Hepatitis B** | |  | |  |
| **\*MMR (Measles, Mumps,**  **& Rubella** | |  | |  |
| **\*Pneumonia** | |  | |  |
| **\*Polio IPV** | |  | |  |
| **Hib (Child Flu)** | |  | |  |

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| **Weight Chart** | | | | | |  | | |  | | |  | | | |
| **Date** | **Weight** | | **Date** | | | **Weight** | | **Date** | | | **Weight** | **Date** | | | **Weight** |
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| **Dental/Provider Date Clean X-Ray Other Co-Pay** | | | | | | | | | | | | | | | |
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| **Total Cholesterol** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **LDL** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **HDL** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **Triglycerides** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **C-Reactive** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **Thyroid (THS)** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **PSA** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |
| **Results** | | | |  | | | | | | | | | | | |
| **HbA1c** | | | | **Date** | | | **Date** | | | | **Date** | | **Date** | | |

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| **Appointments** | | | | | |
| **Date/Time** | | **Provider/ Doctor/Information** | | | **Co-payment** |
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| **Tests Date Location / Physician** | | | | | |
| **Bone Density** |  | |  | | |
| **Result/Notes** |  | | | | |
| **Bone Density** |  | |  | | |
| **Results/Notes** |  | | | | |
| **Colonoscopy** |  | |  | | |
| **Results/Notes** |  | | | | |
| **EEG** |  | |  | | |
| **Results/Notes** |  | | | | |
| **EKG** |  | |  | | |
| **Results/Notes** |  | | | | |
| **EKG** |  | |  | | |
| **Results/Notes** |  | | | | |
| **Eye Exam** |  | |  | **Refraction** | |
| **Glasses** |  | |  | | |

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| **Household Equipment & Warranties** | | | | | | |
| **Date** | **Item** | | **Model** | **Store** | **Warranty Info** | |
|  | **Air Conditioner** | |  |  |  | |
|  | **Dish Washer** | |  |  |  | |
|  | **Furnace** | |  |  |  | |
|  | **Hot Water Heater** | |  |  |  | |
|  | **Refrigerator** | |  |  |  | |
|  | **Stove** | |  |  |  | |
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| **Medications** | | | | | | |
| **Drug** | | | **Dosage** | | | **TPD** |
| **Date** | | **Condition** | | | | |
| ***Notes*** | | | | | | |
| **Drug** | | | **Dosage** | | | **TPD** |
| **Date** | | **Condition** | | | | |
| ***Notes*** | | | | | | |
| **Drug** | | | **Dosage** | | | **TPD** |
| **Date** | | **Condition** | | | | |
| ***Notes*** | | | | | | |
| **Drug** | | | **Dosage** | | | **TPD** |
| **Date** | | **Condition** | | | | |
| ***Notes*** | | | | | | |
| **Additional Notes** | | | | | | |

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| **Safety** | | | | | | | | | | | | |
| **Name** | | | | **Phone** | | | | **E-Mail/Web Address** | | | | |
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| **Emergency Contact** | | | | | | | | | | | | |
| **Name #1** | |  | | | | | | **Relationship** | | | | |
| **Phone Home** | |  | | | | **Cell** | | | | **Work** | | |
| **Address** | |  | | | | | | | | | | |
| **Name #2** | |  | | | | | | **Relationship** | | | | |
| **Phone Home** | |  | | | | **Cell** | | | | **Work** | | |
| **Address** | |  | | | | | | | | | | |
| **Name #3** | |  | | | | | | **Relationship** | | | | |
| **Phone Cell** | |  | | | | **Cell** | | | | **Work** | | |
| **Address** | |  | | | | | | | | | | |
| **Work Phone** | | **Contact Person** | | | | | | **Phone** | | | | |
| **Health Care Advocate** | | | | | | | | | | | | |
| **Primary Physician** | | | | | | | | | | | | |
| **Safety Directory** | | | | | | | | | | | | |
| **Item** | | **Name** | | | | **Phone** | | | | **Notes** | | |
| **Accountant** | |  | | | |  | | | |  | | |
| **Attorney** | |  | | | |  | | | |  | | |
| **Bank** | |  | | | |  | | | |  | | |
| **Day Care** | |  | | | |  | | | |  | | |
| **Auto Repair** | |  | | | |  | | | |  | | |
| **Electric** | |  | | | |  | | | |  | | |
| **Furnace** | |  | | | |  | | | |  | | |
| **Gas** | |  | | | |  | | | |  | | |
| **Home Security** | |  | | | |  | | | |  | | |
| **Pharmacy** | |  | | | |  | | | |  | | |
| **Plumbing** | |  | | | |  | | | |  | | |
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| **Insurance Health Company/Agent Phone Policy ID** | | | | | | | | | | | | |
| **Health Care Primary** | | | |  | | | |  | | | |  |
| **Health Care Supplement** | | | |  | | | |  | | | |  |
| **Cancer-Disease** | | | |  | | | |  | | | |  |
| **Dental** | | | |  | | | |  | | | |  |
| **Disability** | | | |  | | | |  | | | |  |
| **Drug** | | | |  | | | |  | | | |  |
| **Accident (General)** | | | |  | | | |  | | | |  |
| **Long Term Care** | | | |  | | | |  | | | |  |
| **Medicare/Medicaid** | | | |  | | | |  | | | |  |
| **Veterans** | | | | **Service #** | | | | **Claim #** | | | |  |
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| **Auto Care**  **Item/Car Date/Mileage Provider Notes** | | | | | |
| **Oil Change** |  | |  | |  | |
| **Transmission Change** |  | |  | |  | |
| **Coolant** |  | |  | |  | |
| **Brakes** |  | |  | |  | |
| **Tires** |  | |  | |  | |
| **General Check** |  | |  | |  | |
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| **Warranty Information** |  | | | | | |
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| **My *Heath Home & Safety Register Suggested Retail Price $7.95*** | | | | | | |
| * Personal Info * Medications * Blood Pressure * Auto Accident Info * Dental * Allergies * Home Warranties * Appointment Record | | * Emergency Info * Non Prescription Meds * Vaccinations * Appointments * Family Medical History * Co-payments * Weight Chart | | * Insurance Info * Tests * Glucose Records * Auto Repair * Operations * Driving Record * Home Improvements * Pet Information | | |
| **Support Register Sponsors.** Put your register in your glove compartment, pocket, or refrigerator. Take it when you travel. Take it to medical appointments. Let family members know that you have a Register.Be safe and be informed: Order a Register for all your family members, employees & customers. This Register is brought to you by Senior Resources, Inc. a non-profit 501C3 Company and Senior Directions Inc. [Seniordirections@aol.com](mailto:Seniordirections@aol.com). 952-240-6710 11348 Statton Ave Eden Prairie, MN 55344 © Senior Directions Inc, 2008. Green Certified Printer. | | | | | | |
| Advertise, Brand your own Register, Resell Registers, Use Registers for Fundraising,  Local, & National Programs. | | | | | | |

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| **Emergency Contacts** | | | | |
| Name #1 |  | | | |
| Address |  | | | |
| Phone Home |  | | Phone Cell |  |
| Phone: Work |  | | Relationship |  |
| Name #2 |  | | | |
| Address | Language | | | |
| Phone Home |  | | Phone Cell |  |
| Phone Work |  | | Relationship | |
| Name #3 |  | | | |
| Address |  | | | |
| Phone Home |  | | Phone Cell |  |
| Phone Work |  | | Relationship |  |
| Other Notes | Pg3 and4 | | | |
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| **Notes, Comments, and Questions** | | | | |
| **Dateor** | **Item** | **Notes** | | |
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| **Persona l Information** | | | | | | | | | | | |
| Name | |  | | | | | | | | | |
| Address | |  | | | | | | | | | |
|  | | City | | | | | | | State | | Zip |
| Phone: Home | |  | | | | | Phone: Cell | | |  | |
| Phone: Work | |  | | | | | Fax: | | |  | |
| Birth Date | |  | | | | | Language | | |  | |
| Occupation | |  | | | | | Marital Status | | |  | |
| Additional Personal Information | | | | | | |  | | | | |
|  | | | | | | | | | | | |
| Living Will | Yes | | | No | | | | Where Located | | | |
|  | | | | | | | | | | | |
| Organ Donor | | Yes | No | | | On License | | | Yes | | No |
| Algeries | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | | Pg1 17 lines |
| **Notes, Comments, and Questions** | | | | | | | | | | | |
| **Date** | | **Item** | | | **Notes** | | | | | | |
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| **Personal Information** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | |
|  | **City** | | | | | | | | **State** | | | | **Zip** | |
| **Phone: Home** |  | | | | **Phone: Cell** | | | | |  | | | | |
| **Phone: Work** |  | | | | **Fax:** | | | | |  | | | | |
| **Birth Date** |  | | | | **Language** | | | | |  | | | | |
| **Occupation** |  | | | | | | | | | | | **Marital Status** | | |
| **Living Will** | **Yes** | **No** | **Where Located** | | | | | | | | | | | |
| **Organ Donor** | **Yes** | **No** | **On License** | | | | | **Yes** | | | | **No DNR(Y/N)** | | |
| **Allergies** | | | | | | | | | | | | | | |
| **Attorney Phone**  **Accountant Phone**  **Other** | | | | | | | | | | | | | | |
| **Auto Accident Record** | | | | | | | | | | | | | | |
| **Date** | | **Time** | | | | **Weather** | | | | | | | **Police Info/Report** | |
| **Other Driver** | | **Name** | | | | | | | | **Drivers License** | | | | |
| **Vehicle License** | |  | | | | **Ins Co & Policy #** | | | | | | | | |
| **Contact Info** | |  | | | | | | | | |  | | | |
| **Vehicle Damages** | |  | | | | | | | | | | | | |
| **Passengers/Injuries** | |  | | | | | | | | | | | | |
| **Your Damages** | |  | | | | | | | | | | | | |
| **Passengers/Injuries** | |  | | | | | | | | | | | | |
| **Witnesses** | |  | | | | | | | | | | | | |
| **Road Side Assist** | | **Co:** | | | | | **PH:** | | | | | | | **ID#** |
| **Notes** | | | | | | | | | | | | | | |
| **Tickets/ Cause** | | **Date** | | **Ticket/Cause** | | | | | | | | | | **Date** |
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| **Insurance Company/Agent Phone Policy ID Deductible** | | | | | | | | | | | |
| **Auto #1** | | |  | | | |  | |  | |  |
| **Auto #2** | | |  | | | |  | |  | |  |
| **Burial** | | |  | | | |  | |  | | |
| **Home / Renter** | | |  | | | |  | |  | |  |
| **Life #1** | | |  | | | |  | |  | | |
| **Life #2** | | |  | | | |  | |  | | |
| **Roadside** | | |  | | | |  | |  | |  |
| **Travel** | | |  | | | |  | | **Date** | |  |
| **Travel** | | |  | | | |  | | **Date** | |  |
| **Employer Human Resources Info for Insurance** | | | | | | | | | | | |
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| **Boat/RV** | | |  | | |  | | |  | |  |
| **Other** | | |  | | |  | | |  | |  |
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| **Home Improvements (For tax purposes capital improvements increase your basis)** | | | | | | | | | | | |
|  |  | | | |  | | | | | | |
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| **Date** | **Item** | | | | **Provider/Contractor** | | | | | **Cost** | |
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| **Pet Information** | | | | | | | | | | | |
| **Pet/Type** | | **Date** | | **Inoculation** | | | | **Other** | | | |
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