

NAME

Add Address, City, State, Zip Code

Add Phone, Cell, Email

DOB MM/DD/YYYY

SS # XXX-XX-XXX

ALLERGY: Add or None

DNR SIGNED: Add Status

Add Quick Read Notes – describe physical issues

Communication preference or alternative in case of emergency

Add Patience Information/ Education Preference

PRIMARY DIAGNOSIS

AGE: ??

HEIGHT ?' ?" (????inches)

WEIGHT ???? lbs approx

1.	Add Body System	Brief description of issue, list date of medical events or hospitalization related to this diagnosis Each line will be different
	Add ICD-9 Code	You can find the ICD-9 Codes on past medical receipts/tests. Also CDC.gov has the current listing
2.	Add Body System	
	Add ICD-9 Code	
3.	Add Body System	
	Add ICD-9 Code	
4.	Add Body System	
	Add ICD-9 Code	
5.	Add Body System	
	Add ICD-9 Code	
6.	Add Body System	
	Add ICD-9 Code	
7.	SPECIAL NOTES	Anything imbedded? Caths? Pacemaker? Or other information that needs to be shared in an emergency? Blood Type

M E D I C A L

PRIMARY PHYSICIAN Name City, State Office Ph Beeper			HOSPITAL Add Name, City, State List Month/Year of Admissions			
SPECIALIST Name City, State Office Ph Beeper			IMMUNIZATIONS FLU ??, Pneumo ??, ?? Measles ?? Mumps ??, Add Year TB ?? Tetanus ?? DPT ??, ??, Add Other			
ALTERNATIVE MEDICINE Name City, State Office Ph Beeper			ENTERAL ?? List Product and rate Or other issues that need to be known/monitored			
MEDICATIONS			HERBS / DROPS		MECHANICAL SETTINGS	
Rx DAILY	DOSE	REASON		DOSE	Vent?? O2??	
Rx MONTHLY	DOSE	REASON				
Rx PRN						
OTC	DOSE	REASON				

I N S U R A N C E

PRIMARY		SECONDARY	
NAME OF INSURANCE COMPANY		NAME OF INSURANCE COMPANY	
Subscriber #		Subscriber #	
Group/Plan Code		Group/Plan Code	
Group/Plan Code		Group/Plan Code	

HEALTH SURROGATE Pxxxx Hxxxxx (mother) c 352-xxx-xxxx h 352-xxx-xxxx

Case Manager	Add Name	Add Ph	Add Acct. #
Health Vendor	Add Name	Add Ph	Add Acct. #
Home Health Services	Add Name	Add Ph	Add Acct. #
Pharmacy	Add Name	Add Ph	Add Acct. #
Other	Add Name	Add Ph	Add Acct. #
Other	Add Name	Add Ph	Add Acct. #