

Portable Medical Summary

Tips: Take a copy with you on trips, to camp etc. You can also take a picture and keep copies on your mobile devices.

Name:			
Date of birth:			
Age:		Height:	
Weight:			
Address and Contact Information			
Parents/Guardians:			Relationship:
Street:		City:	State/zip:
Home phone #s:			Cell phone #s:
Primary language/Communication:			
Important things to know about me:			
Medical Information			
Diagnosis(es):			Age at time of diagnosis:
1.			
2.			
3.			
Medications	Dose	Time	OTC Medications/Supplements:
Hospitalizations/Surgeries/Procedures:	Date	Hospital	Doctor

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Allergies/Sensitivities	Reaction	Allergies/Sensitivities	Reaction
Healthcare and Other Providers			
Primary care provider:		Phone: Fax:	
Specialty provider:		Phone: Fax:	
Other provider:		Phone: Fax:	
Other provider:		Phone: Fax:	
Other Provider:		Phone: Fax:	
Medical Equipment	Medical Supplies	Provider	Contact Info
Nutrition	Provider	Contact info	
Immunization History			
Influenza (last) date:	Hepatitis B date(s):	MMR date(s):	Meningococcus date(s):
Td or Tdap date(s):	Hepatitis A date(s) :	Varicella date(s):	Polio date(s):
PPD date(s) :	Pneumovax date(s):	HPV date(s):	
Health Insurance			
Name: Group #: ID #: Phone: Fax:		Name: Group #: ID #: Phone: Fax:	
Other important information:			