

Patient Medical Resume

NAME

Mayo Clinic # (if you have one)

Update: 00/00/2009

Date of Birth:

Address:

Phone: Cell:

Primary Insurance: Medicare

Hospital (Part A) Medical (Part B)

Secondary Insurance: xxxxxxxxxxxxxxxx

Prescription Drug Plan: xxxxxxxxxxxxxxxx

Physicians:

List family physician and any specialists treating the patient. Be sure to include phone and fax numbers.

Pharmacy: List your pharmacy and phone and fax number.

Current Medications

<i>Name</i>	<i>#mg dosage</i>	<i>When (AM/PM/Bed)</i>
Ex.. Aspirin	81mg	AM

OTC: Be sure to list all over the counter meds, aspirin, vitamins, etc. Also any diabetic needs.

Allergy: List all medical allergies, including latex and antibiotics.

Hint: Always carry a list of current medications in your wallet by your insurance card, or use this page..

Recent History

<i>Date</i>	<i>Hospitalizations/length of stay</i>	<i>Reason</i>	<i>Result</i>
Ex. 0/00	General Hospital /3 days	Stroke	Rehab to 75%

Presenting symptoms

<i>List</i>	<i>Short description</i>	<i>Results</i>
Ex: Severe leg pain	Pain unaffected by pain meds.	Side effect of current meds

Weight, typical blood pressure and blood sugar numbers are helpful also.

Comments:

Briefly state concerns. Does anything relieve symptoms? Any new medications? Test results? How long has this been a problem? Are there any unusual behaviors or situations? Is the person able to care for himself, or is caregiving needed? Who manages the medications?

I keep this form updated and use it when entering the emergency room or if 911 is called. It is a shortcut when a history is taken, and things are upsetting.