PAGE ONE

Name _____ Date of birth _____ Updated _____

Visit (day, time, doctor, address, phone) _____

Prepared by (name, relationship) _____

Facts only. No diagnosis, no recommendations.

SOURCE AND DATE

NEEDS ATTENTION NOW

Up to five things the doctor most needs to know today. Most important first.

1.

2.

3.

4.

5.

WAITING ON

Results, tests, or referrals still pending, and when each was ordered.

ACTIVE PROBLEMS

Each condition, and when it started.

MEDICATIONS (WHAT IS ACTUALLY TAKEN)

Name, dose, and how often. Include vitamins and supplements.

ALLERGIES

What it is, and what happens.

RECENT CARE (LAST 12 MONTHS)

Hospital stays, emergency room visits, procedures. Date and where.

WHO TO CALL

Who decides if the patient can't, with phone. Primary care. Other doctors.