

**PORTABLE MEDICAL SUMMARY\***

<b>NAME</b>		John Smith					
<b>Mailing Address</b>			<b>Email Address</b>		<b>Home Phone</b>	<b>Cell Phone</b>	
4567 Main Street, Anytown, Texas 71111			john@whatever.com		123-456-7891	234-567-8912	
<b>Insurance</b>		<b>Primary</b>	<b>Subscriber Name and #</b>				
Blue Cross Blue Shield of Texas		<b>Secondary</b>	<b>Subscriber Name and #</b>				
			987-66-5432 BC/BS PPO Plan Code 200, Cust Svc #: 800-789-4561				
			987-66-5432 BC/BS Blue Choice Plan 2, POS Code 200, Cust svc: 800-789-4561				
<b>Legal Health POA</b>	<b>Name</b>	<b>Relationship</b>	<b>Cell</b>	<b>Work</b>	<b>Home</b>	<b>other</b>	
	Jane Smith	sister	234-567-8913	234-678-1111	123-456-7891		
	<b>Name</b>	<b>Relationship</b>	<b>Cell</b>	<b>Work</b>	<b>Home</b>	<b>other</b>	
	Sam Smith	son	234-567-8914	234-678-1112	123-456-7892		
<b>DOB</b>	<b>Social Sec #</b>	<b>Height</b>	<b>Weight</b>	<b>Blood Type</b>	<b>DNR Signed</b>	<b>Advanced Directives</b>	<b>Organ Donor</b>
1-01-51	999-88-7777	6' 3"	198	O+	yes	no	yes
<b>NOTES:</b>	High intelligence (130 IQ), compliant patient, high tolerance to pain						
	Incomplete Quad (has sensation), only movement left index finger 10 cm						
	Need to explain EVERY procedure, when possible, ask for consent prior to doing						
<b>Health Issues</b>	<b>Neuro Muscular</b>	ICD-9 359 MD 335.1 SMA		Spinal Muscular Atrophy Type 2, dx age 9mos, 3/74 (Severe Anterior Horn Cell disease/Werdnig-Hoffman) Incomplete quad (has full sensation), no functional movement			
	<b>Pulmonary</b>	ICD-9 V44 Trach 518.81_Resp Failure 486 Pneumo Org NOS		Respiratory failure - trach and vent (9/01), Chronic RLL Atelectasis Recurrent pneumonia, Respiratory insufficiency, poor residual functions/reserved capacities, Elective Trach 3/82 for Ortho Surgery			
<b>Medications</b>			<b>Herbs/Drops</b>		<b>VENT—Pulmonetic LTV 900</b>		
<u>Rx DAILY</u>	Alprazolam (xanax)	0.5 mg QID	anxiety	Lymphatic	5 x2	Tidal Volume 310	
	Aspirin-Child	81 mg 1 x	prevent clots	Flu Balancing	10 x2	Inspiration 1.1	
	Temazepam	15 mg H S	sleeping pill	Respiratory	7 x2	Passive Support 13	
	DuoNeb	1 vial QID	nebulizer*	Allertox –airborne	2 x2	Humidity 02	
			*(Ipratropium, Bromide & Albuterol)	" " Aleer-Tetra	3 x2	Temperature 36.5 C	
				" " A	4 x4	Low 02	
<u>Rx MONTHLY</u>	Thiamine	100 mg monthly		" " A	6 x2		
	Cyanocobalamin	1000 mcg/ml monthly	/P12	" " A	5 x2	TRACH: Shiley 6 cuffed (deflated)	
				" " A	8 x2		
				" " A	3 x2	SPEAKING VALVE: Passy-Muir PMV007	
<u>Rx PRN</u>	Darvocet-N			" " A	5 x2		
	Zithromax SUS PFIZ	200/5ml 45ml	antibiotic	" " A	7 x2	OXYGEN 1.5 liters	
	Diphnoxylate/atropine	1-2 tablets	diarrhea	" " A	4 x2		
				" " A	8 x2		
				" " A	1 tsp x2		
<b>Medical History</b>							
<b>Specialty</b>	<b>Procedure</b>		<b>Description</b>				
GI							
Ortho							
Urological							
<b>Immunizations (what, when)</b>							
<b>Physicians</b>							
<b>Specialty</b>	<b>Name</b>		<b>Phone Number</b>		<b>Address/Website</b>		
<b>Other</b>							

**Example**

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<b>Secondary</b>		<b>Subscriber Name and #</b>					
<b>Legal Health POA</b>	<b>Name</b>		<b>Relationship</b>	<b>Cell</b>	<b>Work</b>	<b>Home</b>	
	<b>Name</b>		<b>Relationship</b>	<b>Cell</b>	<b>Work</b>	<b>Home</b>	
<b>DOB</b>	<b>Social Sec #</b>	<b>Height</b>	<b>Weight</b>	<b>Blood Type</b>	<b>DNR Signed</b>	<b>Advanced Directives</b>	<b>Organ Donor</b>
<b>NOTES:</b>							
<b>Health Issues</b>							
<b>Medications</b>			<b>Herbs/Drops</b>			<b>Other Equipment</b>	
<b>Medical History</b>							
<b>Specialty</b>		<b>Procedure</b>		<b>Description</b>			
<b>Immunizations (what, when)</b>							
<b>Physicians</b>							
<b>Specialty</b>		<b>Name</b>		<b>Phone Number</b>		<b>Address/Website</b>	
<b>Other</b>							