

Medical Resume
Date:

Background Information:

<p>Patient's Name Patient's Birthday</p> <p>Address</p> <p>Parent's Information (Name, Contact Information, Address, Work)</p> <p>Emergency Contact(s) (Name, Contact Information, Address)</p> <p>Insurance (Primary)</p> <p>Insurance (Secondary)</p> <p>Specialist's Information (Name, Specialty, Hospital, Contact Information)</p>	
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Medical History:

<p>Primary Diagnosis</p> <p>Link to Information on Diagnosis</p> <p>Secondary Diagnosis</p> <p>Link to Information on Diagnosis</p> <p>Medical Devices: (exp. Central Line)</p> <p>Surgical History</p> <p>Current Therapies</p> <p>Current Individualized Education Plan (IEP)</p>	
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Medications:

<p>Allergies</p> <p>Current Medications (via mouth) (Name, Dosage, Times per Day)</p> <p>Current Medications (via g-tube) (Name, Dosage, Times per Day)</p> <p>Current Medications (via central line) (Name, Dosage, Times per Day)</p> <p>Pharmacies (Name, Address, Phone Number, Medication Received There)</p> <p>Medical Supply Companies (Name, Address, Phone Number, Supplies Received There)</p> <p>TPN Amount/Formula:</p> <p>Maintenance Fluids for Hydration:</p> <p>Doctor Advisory Notes Regarding Medications:</p>	
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Medical Care Plan:

<p>Daily Schedule</p> <p>Standard Protocols (Fever) (see attached document from pediatrician)</p> <p>Standard Protocols (UTI) (see attached document from pediatrician)</p> <p>Expectations for Safe Practice (see attached document from pediatrician)</p> <p>Other</p>	<p>See Attached</p>
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Plan of Care:

Specialist/Medical Cares	How Often

Daily Schedule:

Time	Procedure
