**Medical Resume**

**Date:**

**Background Information:**

| **Patient’s Name**  **Patient’s Birthday**  **Address**  **Parent’s Information**  (Name, Contact Information, Address, Work)  **Emergency Contact(s)**  (Name, Contact Information, Address)  **Insurance (Primary)**  **Insurance (Secondary)**  **Specialist’s Information**  (Name, Specialty, Hospital, Contact Information) |  |
| --- | --- |

**Medical History:**

| **Primary Diagnosis**  **Link to Information on Diagnosis**  **Secondary Diagnosis**  **Link to Information on Diagnosis**  **Medical**  **Devices:**  **(exp. Central Line)**  **Surgical History**  **Current Therapies**  **Current Individualized Education Plan (IEP)** |  |
| --- | --- |

**Medications:**

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

**Medical Care Plan:**

| **Daily Schedule**  **Standard Protocols (Fever)**  (see attached document from pediatrician)  **Standard Protocols (UTI)**  (see attached document from pediatrician)  **Expectations for Safe Practice**  (see attached document from pediatrician)  **Other** | See Attached |
| --- | --- |

**Plan of Care:**

| **Specialist/Medical Cares** | **How Often** |
| --- | --- |
|  |  |

**Daily Schedule:**

| **Time** | **Procedure** |
| --- | --- |
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