**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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