

Portable Medical Summary

Tips: Keep laminated copies with you. You can also take a picture and keep copies on your mobile devices.

Child's Name:			
Date of birth:			
Age:	Height:	Weight:	
Parents/Guardians:			Relationship:
Street:	City:	State/zip:	
Home phone #s:		Cell phone #s:	
Primary language/Communication:			
Important things to know about me:			
Medical Information:			
Diagnosis:			
1.			
2.			
3.			
Medications	Dose	Time	Notes
Hospitalizations/ Procedures/ Surgeries	Date	Hospital	Doctor

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Allergies/Sensitivities	Reaction	Allergies/Sensitivities	Reaction
Healthcare and Other Providers			
Primary care provider:		Phone: Fax:	
Specialty provider:		Phone: Fax:	
Other provider:		Phone: Fax:	
Other provider:		Phone: Fax:	
Other Provider:		Phone: Fax:	
Medical Equipment	Medical Supplies	Provider	Contact Info
Nutrition	Provider	Contact info	
Immunization History			
Influenza (last) date:	Hepatitis B date(s):	MMR date(s):	Meningococcus date(s):
Td or Tdap date(s):	Hepatitis A date(s) :	Varicella date(s):	Polio date(s):
PPD date(s) :	Pneumovax date(s):	HPV date(s):	
Health Insurance			
Name: Group #: ID #: Phone: Fax:		Name: Group #: ID #: Phone: Fax:	
Other important information:			

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Getting to Know Me

A Little About Me:	
My Strengths: (things that are easy for me)	
My Challenges: (communication, feeding, learning, mobility, social, energy, behavior)	
My Life in the Community: (school, childcare, place of worship, my favorite places)	
Ways You Can be Helpful to Me:	
Things to Avoid: (food, activities, and procedures)	
My Equipment/Assistive Technology:	
Other:	