| Organization Name:       | Program Name:        | Date:       |
| --- | --- | --- |
| Individual’s Name (First MI Last):       | Record #:       | DOB:       |
| SUMMARY LIST |
| **Significant Medical Diagnoses and Conditions** | **Check One** | **Currently Under a Doctor’s Care** | **Comment** |
| **Now** | **Past** |
| Alzheimer’s Disease or Dementia | [ ]  | [ ]  |       |       |
| Blood Sugar-High | [ ]  | [ ]  |       |       |
| Blood Pressure (High) | [ ]  | [ ]  |       |       |
| Cancer | [ ]  | [ ]  |       |       |
| Deafness or other hearing impairment | [ ]  | [ ]  |       |       |
| Diabetes | [ ]  | [ ]  |       |       |
| Endocrine Condition (High or Low thyroid, Pituitary or Adrenal Disease) | [ ]  | [ ]  |       |       |
| Epilepsy/Seizures | [ ]  | [ ]  |       |       |
| Heart Attack | [ ]  | [ ]  |       |       |
| Hyperlipidemia (High blood fat/Cholesterol and/or Trigycerides) | [ ]  | [ ]  |       |       |
| Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis | [ ]  | [ ]  |       |       |
| Kidney Disease | [ ]  | [ ]  |       |       |
| Liver Disease ((Cirrhosis), Hepatitis A/B/C)) | [ ]  | [ ]  |       |       |
| Mobility Impairment | [ ]  | [ ]  |       |       |
| Other Cardiac Condition | [ ]  | [ ]  |       |       |
| Progressive neurological condition (Multiple Sclerosis (MS), Cerebral palsy, Amyotrophic Lateral Sclerosis (ALS)) | [ ]  | [ ]  |       |       |
| Pulmonary (Emphysema (Chronic Pulmonary Disease (COPD), Asthma)  | [ ]  | [ ]  |       |       |
| Sexually Transmitted or other Communicable Disease (for example, Herpes, Human Immunodeficiency Virus (HIV), History of active tuberculosis)  | [ ]  | [ ]  |       |       |
| Sight Impairment | [ ]  | [ ]  |       |       |
| Speech Impairment | [ ]  | [ ]  |       |       |
| Stroke | [ ]  | [ ]  |       |       |
| Traumatic Brain Injury | [ ]  | [ ]  |       |       |
| Weight (Obesity, Unexplained Gain or Loss) | [ ]  | [ ]  |       |       |
| Other physical related health conditions | [ ]  | [ ]  |       |       |
| Other:       | [ ]  | [ ]  |       |       |
| Other:       | [ ]  | [ ]  |       |       |
| Other:       | [ ]  | [ ]  |       |       |
| Other:       | [ ]  | [ ]  |       |       |
| Other:       | [ ]  | [ ]  |       |       |
| **Medical hospitalizations/significant operative and invasive procedures?**[ ]  No [ ]  Yes If yes, complete information below. |
| **Hospital** | **Date** | **Reason** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Medication List |
| List all medications individual in care is taking including medications prescribed by this provider, medications prescribed by outside prescribers as well as herbal remedies, vitamins, nutraceuticals, or over-the-counter drugs. |
| **Date** | **Medication**  | **Dosage / Route / Frequency** | **Supply: Amount / Refills** | **Status** | **Purpose** | **Rationale for Change** | **Name of Prescriber** | **Source of Knowledge** |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
|  |  |  |  | [ ]  New/Adj. [ ]  Continue[ ]  Discont. |  |  |  | [ ]  Prescriber[ ]  Outside Prescriber[ ]  Pharmacy[ ]  Individual Self-Report |
| ALERTS- Medication Allergy/Adverse Events:       |