| 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** | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | |
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|  | | |  | | |  | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | |