

MEDICAL PLANNER

Belongs to:



NURSING CURRENT



Health Education & Coaching by
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Personal Details

First Name	Last Name	Date of Birth	Sex
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Home Address	City	State	Zip Code
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Phone Number	Email Address
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Emergency Contact

First Name	Last Name	Relationship
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Home Address	City	State	Zip Code
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Phone Number	Email Address
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Medical Summary

Allergies:

List all of the things you're allergic to in the "Allergen" column. Include medications, foods, insects, and environmental allergens.

List specific reactions to each allergen in the "Symptoms" column.

Allergen

Symptoms

Chronic Medical Conditions:

List all of your current and active medical conditions, such as diabetes, hypertension, asthma, etc. Include the approximate year the condition was diagnosed.

Medical Condition

Year

Medical Summary

Hospitalization & Surgical History:

List all hospitalizations and surgeries you've had in the past. Include hospitalizations related to childbirth.

Hospitalization or Surgery	Year	Purpose

Vaccine History:

List all of routine and travel vaccines received and the year you received it.

Vaccines

Year

Medications & Supplements

List all prescribed medications, over-the-counter medications, herbs, supplements, and teas you take. Also list the dose, the reason why you're taking the medication, and when you need a refill.

Under "Instructions," list when, how often, and whether to take the medication with food, on an empty stomach, 30 minutes before a meal, 2 hours after taking other medications, or whatever is appropriate for your medication.

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Medications & Supplements

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Medication		Reason	
Dose		Instructions	
Prescribed by		Refill by (date)	

Family Medical History

Family Medical History:

List your close relatives (parents, grandparents, siblings, and children) who have medical problems. list their medical problem, and their age at diagnosis

Relative	Medical Problem	Age at Diagnosis

Other Health Care Providers

Name	Specialty	Phone Number

Medical Visit Planner

Use this page to list the questions/concerns you'd like to discuss during a visit with your healthcare provider

Reminder: If you have any lab results, changes to your medication regimen, imaging reports, blood pressure or blood sugar logs, or forms, bring them to your visit.

Goals

Questions

Things that have been bothering me lately

Symptom	When did it start?	How often does it happen?	What makes it better?	What makes it worse?

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