

Portable Medical Summary



PAGE 1 Date completed _____

CHILD'S NAME: _____	DATE OF BIRTH: _____	AGE: _____
CHILD'S NICKNAME: _____	HEIGHT: _____	WEIGHT: _____

ADDRESS AND CONTACT INFORMATION

Parents/Guardians: _____ Relationship: _____

Address: _____ City: _____ State/zip: _____

Home phone: _____ Cell phone: _____

Primary language/Communication: _____

Important things to know about my child: _____

MEDICAL INFORMATION

Diagnosis (es): _____	Age when diagnosed: _____
_____	Age when diagnosed: _____
_____	Age when diagnosed: _____

ALLERGIES/SENSITIVITIES	Reactions	ALLERGIES/SENSITIVITIES	Reactions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICATIONS	Dose	Time	OTC Medications/Supplements
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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HEALTHCARE AND OTHER PROVIDERS

Primary Care Provider: _____	Phone: _____
	Fax: _____
Specialty Provider: _____	Phone: _____
	Fax: _____
Specialty Provider: _____	Phone: _____
	Fax: _____
Other Provider: _____	Phone: _____
	Fax: _____
Other Provider: _____	Phone: _____

HOSPITALIZATIONS

Date	Surgeries/Procedures/Illnesses	Hospital/Doctor

MEDICAL EQUIPMENT/SUPPLIES

Provider

Contact Info.

HEALTH INSURANCE - PRIMARY

Name: _____
Group #: _____
ID #: _____
Phone: _____
Fax: _____

HEALTH INSURANCE - SECONDARY

Name: _____
Group #: _____
ID #: _____
Phone: _____
Fax: _____



PAGE 3 Date completed _____

GETTING TO KNOW MY CHILD

NAME: _____

NICKNAME: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

A little about my child

My child's strengths *(things that are easy for my child)*

My child's challenges *(examples: communication, feeding, learning, mobility, socialization, energy, behavior)*

My child's life in the community *(examples: school, childcare, place of worship, favorite places)*

Ways you can help my child *(examples: speak quietly, give choices, do not talk about scary things)*

Things to avoid *(examples: food, activities, and procedures)*

Other important information

Tip: *Keep laminated copies of the Portable Medical Summary on hand, or take a picture and keep a copy on mobile devices.*