PORTABLE MEDICAL PROFILE (ADULT)

MultiCare Good Samaritan Hospital
BetterConnected

NAME:_____**DATE OF BIRTH:**_____**EMERGENCY CONTACT:**_____
Name/Phone

Do you have a living will? Y/N Where is this information located ? _____ Who has a copy?_____
Advance Directives : Who will make medical decisions for you if you are unable to make decisions about your care?_____

ALLERGIES AND MEDICATION SENSITIVITIES

	ALLERGIC TO:	TYPE OF REACTION:
1.		
2.		
3.		

Information for Medical Care Providers

Primary Care Physician:
Name:_____
Phone Number (office)_____
Other Physicians:
_____
_____
Dentist:_____
Insurance Information:
Insurance Carrier:_____
Policy Number:_____
Phone Number:_____
Case Manager:_____
Phone Number:_____

Secondary Insurance Information:
Insurance Carrier:_____
Policy Number:_____
Phone Number:_____
Prescription Coverage:_____

Hospital Preference (in case of emergency)
Hospital:_____

This is a tool to organize information about health care. Updating information whenever changes occur is important to maintain accuracy.

MEDICAL DIAGNOSES (Medical Conditions, Surgeries, Risk Factors, etc.)

1.	**7.**
2.	**8.**
3.	**9.**
4.	**10.**
5.	**11.**
6.	**12.**

FUNCTIONAL STATUS

Activity	Safe: Y/N	Level of Assist &/or equipment needed
Basic self care		
Feeding/ Swallowing		
Walking ↑↓ stairs		
Walking in your home		
Community access (church, store, etc.)		
Vision & Hearing		

Equipment and Devices used

Equipment description	Vendor & Contact #	Date of last service

Orthotics or Prosthetics Information

Component Description	Provider	Date of last service

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Medications for:_____

Pharmacy Name:_____ **Pharmacy Phone #: (** _____**)**_____

Name of Medication	Dose	When Do You Take This?	Physician that pre-scribed or Over the Counter	Why do you take this?	Potential side effects to watch for:	What does the pill look like? Injection?

Immunizations	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

Date this profile was last updated:_____

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