

My Care Guide

Name:	Date:	
Date of Birth:	Primary Language:	
Address:		
Caregiver / Guardian:	Phone Numbers:	
	H: W: C:	
Emergency Contact - Relationship	Phone Numbers:	
	H: W: C:	
Diagnosis:		
Prior Surgeries, Procedures, Lab Tests:		
Date:	Procedure:	Result:
Medications:		
Name:	Dose:	Time:
Allergies:		
Doctor's Contact Information:		
Doctor:	Phone:	
Specialist	Phone:	
Specialist	Phone:	
Hospital	Phone:	
Pharmacy:	Phone:	

Assistive Equipment / Technology:

Orthotics:

Communication Device:

Insulin Pump:

Suction:

Walker:

Home O₂ :

Wheelchair:

Other:

Other Things I'd Like You To Know About My Condition:**Important Things To Know About Me In an Emergency:****Special Instructions (Organ Donation, No-CRP Request, etc.) :**