PORTABLE HEALTH SUMMARY

Keep this summary current. Use additional dated sheets when needed.

Name: _____

Last reviewed: _____ Prepared by: _____

Contacts and communication

Date of birth (optional): _____ Preferred name: _____

Communication or access needs:

Emergency contact / relationship / phone:

Care team / clinic / phone:

Pharmacy / phone:

Important conditions and procedures

Condition or procedure / date / clinician or source

Allergies and reactions

Substance / reaction / confirmed or uncertain

Use "none known" or "unknown" where appropriate; do not leave ambiguity.

Keep supporting records separately. Protect this information when sharing.

PORTABLE HEALTH SUMMARY

Confirm uncertain details with your care team or pharmacist.

Name: _____

Last reviewed: _____ Prepared by: _____

Current medicines and other products

Include nonprescription products and supplements. Copy current instructions.

Name / current prescribed dose and schedule / reason if known / source and date

Ask your clinician or pharmacist to resolve conflicting lists; do not guess a dose.

Implanted or wearable devices

Manufacturer / exact model / implant date if applicable / device-card location

Supporting records

Document or image study / date / storage location or requesting contact

Items to confirm and next review

Question / who will clarify / follow-up date

Next review date: _____

Patient-maintained reference; not a prescription or medical order.