# [First name Last name]

(Any name you may go by other than legal name) (pronouns if you feel safe including them) DOB: Month #, ####

#### Medications

- Medication ##mg frequency/day
- Daily medications ##mg frequency/day
- Any infusions frequency
- As needed medications at bottom

# Allergies

• Allergen - reaction to it

### Surgeries & Procedures

- Surgery name Month Year
- Major procedures Month Year

#### Diagnoses & Misc

- Chronic illness diagnosis (Month) Year
- Any major illnesses Month Year
- Any major injury Month Year
- Pregnancies Month Year
- Miscarriages Month Year
- Births (C section or vaginal epidural or none) Month Year
- Implants (IUD, etc) Month Year Month Year or present
- Pacemakers, feeding tubes, any other "hardware" Month Year Month Year or present