

Medical Cheat Sheet

Patient: First Name, Last Name Birthday 00/00/0000

Phone Number (000)000-0000; Email

Address: Street City, State Zipcode

Medical Power of Attorney (MPO) & Emergency Contact-

MPOs: First Name, Last Name (Phone Number 000-000-0000); First Name, Last Name (Phone Number 000-000-0000)

Emergency Contacts: First Name, Last Name (Phone Number 000-000-0000); First Name, Last Name (Phone Number 000-000-0000)

Case Manager: First Name, Last Name (Phone Number 000-000-0000); Email

Special Notes- Anyone that Cannot be contacted or make medical decisions.

Medical Conditions: *(In Alphabetical Order)*

- 1. Condition #1**
- 2. Condition #2**
- 3. Condition #3**
- 4. Condition #4**
- 5. Condition #5**
- 6. Condition #6**
- 7. Condition #7**
- 8. Condition #8**
- 9. Condition #9**
- 10. Condition #10**

Doctors- (Specialists Alphabetically)

- 1. PCP-** First Name, Last Name (Phone Number 000-000-0000)
- 2. Specialty #1-** First Name, Last Name (Phone Number 000-000-0000)
- 3. Specialty #2-** First Name, Last Name (Phone Number 000-000-0000)
- 4. Specialty #3-** First Name, Last Name (Phone Number 000-000-0000)
- 5. Specialty #4-** First Name, Last Name (Phone Number 000-000-0000)
- 6. Specialty #5-** First Name, Last Name (Phone Number 000-000-0000)
- 7. Specialty #7-** First Name, Last Name (Phone Number 000-000-0000)
- 8. Specialty #8-** First Name, Last Name (Phone Number 000-000-0000)
- 9. Specialty #9-** First Name, Last Name (Phone Number 000-000-0000)
- 10. Specialty #10-** First Name, Last Name (Phone Number 000-000-0000)

Instructions for Calling The Ambulance-

* Ambulance- Ask for Sensory Free ride (no siren, low lights)

* ER – Hospital of Choice—**Hospital they can not take you to** (*You can choose where you go even if they say they are being diverted- you don't have to go somewhere you don't feel safe*)

Any Special Instructions for ER (for example: a specific medication you usually get, please dim lights, have nurses speak quietly and slowly)

Allergies: (*In Alphabetical Order, Medicines and Food*)

1. Allergy #1
2. Allergy #2
3. Allergy #3
4. Allergy #4
5. Allergy #5
6. Allergy #6
7. Allergy #7
8. Allergy #8
9. Allergy #9
10. Allergy #10

Medications: (*In Alphabetical Order*)

1. Medicine Name- Dosage, x daily (condition medicine treats)
2. Medicine Name- Dosage, x daily (condition medicine treats)
3. Medicine Name- Dosage, x daily (condition medicine treats)
4. Medicine Name- Dosage, x daily (condition medicine treats)
5. Medicine Name- Dosage, x daily (condition medicine treats)
6. Medicine Name- Dosage, x daily (condition medicine treats)
7. Medicine Name- Dosage, x daily (condition medicine treats)
8. Medicine Name- Dosage, x daily (condition medicine treats)
9. Medicine Name- Dosage, x daily (condition medicine treats)
10. Medicine Name- Dosage, x daily (condition medicine treats)
11. Medicine Name- Dosage, x daily (condition medicine treats)
12. Medicine Name- Dosage, x daily (condition medicine treats)
13. Medicine Name- Dosage, x daily (condition medicine treats)
14. Medicine Name- Dosage, x daily (condition medicine treats)
15. Medicine Name- Dosage, x daily (condition medicine treats)

Medicine Schedule (Any medications that are not daily)

Migraine Rescue:

1. Medicine Name- Dosage, x daily (condition medicine treats)

Migraine Preventative:

1. Medicine Name- Dosage, x daily (condition medicine treats)

Migraine Cycle Breaker:

1. Medicine Name- Dosage, x daily (condition medicine treats)

Daily Medications:

Time 1

1. Medicine Name- Dosage, x daily (condition medicine treats)
2. Medicine Name- Dosage, x daily (condition medicine treats)
3. Medicine Name- Dosage, x daily (condition medicine treats)
4. Medicine Name- Dosage, x daily (condition medicine treats)
5. Medicine Name- Dosage, x daily (condition medicine treats)

Time 2

1. Medicine Name- Dosage, x daily (condition medicine treats)
2. Medicine Name- Dosage, x daily (condition medicine treats)
3. Medicine Name- Dosage, x daily (condition medicine treats)
4. Medicine Name- Dosage, x daily (condition medicine treats)
5. Medicine Name- Dosage, x daily (condition medicine treats)

Time 3

1. Medicine Name- Dosage, x daily (condition medicine treats)
2. Medicine Name- Dosage, x daily (condition medicine treats)
3. Medicine Name- Dosage, x daily (condition medicine treats)
4. Medicine Name- Dosage, x daily (condition medicine treats)
5. Medicine Name- Dosage, x daily (condition medicine treats)

Pharmacy:

Pharmacy Name 000-000-0000

Street Name City, State, Zip

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Contact: First Name