Portable Medical Summary

This portable medical summary is for young adults with special healthcare needs. Use it to share important information about your condition when meeting a new provider or transferring your care. Prepare for these situations by filling in the parts of this form that apply to you and your own healthcare needs.

Ask your current providers and family members to help you. Include the key information that your future providers will need to provide you with the best and safest care.

This is not a complete record of your healthcare. It is intended to give a provider a quick look at the most important things they should know about you.

Tips for use:

- Use the last page to add additional information.
- Make a copy of your insurance card and attach it to this sheet.
- Review and update this form once a year, or when a life change occurs (for example, a medical event or move).
- Learn where and how to get your past medical records.
- Share it with your emergency contacts.

To Learn More

- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

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Portable Medical Summary

Preferred name: _____

Legal name: _____

Pronouns: _____

Date of birth: _____

Preferred language or communication method: _____

Main diagnoses	Dates and comments

Key medical history *(e.g., treatments, surgeries, procedures that are relevant today)*	Dates and comments

Medications	Purpose/reason to take	Dose & frequency

Medical devices: _____

Allergies/reactions: _____

Medical equipment & supplies	Provider	Contact info

Nutrition supplies	Provider	Contact info

Important related issues and risks: *(What to watch for in my healthcare, due to my past conditions and treatment, e.g., long-term effects of chemo, susceptibility to certain infections, etc.)*

Name: _____ Date of birth: _____

Address: _____ Phone: _____

_____ Email: _____

My baseline is: *(Behavioral, neurological, communication ability, etc.)*

For my healthcare visits & interactions, I need you to know:
Anything else a provider should know to support your care experience

Home situation: *(Live with family, college dorm, roommates, group home, etc.)*

Emergency/family contacts	Phone	Relationship *(parent, guardian etc.)*

Healthcare providers	Phone	Specialty/reason seen

Insurance information: Complete this section or attach a copy of the **front and back** of your insurance card.

Insurance company/plan: _____ ID number: _____

Name of policy holder: _____ Group number: _____

Contact phone for providers: _____ Contact phone for members: _____

Lifestyle information: *(School, job, community activities, athletics, hobbies, etc.)*

Things I need from my medical team: