**Problem list** (Start from the beginning and list everything)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Problem | Identified | Treatment |
| 1. | Bee sting allergy |  | EpiPen |
| 2. | Penicillin allergy-anaphylaxis | childhood |  |
| 3. | Erythromycin allergy-  Palmer/plantar desquamation | ??? |  |
| 4 | FX 5th digit R hand | 1982-83 | splinted |
| 5. | Torn meniscus L knee – Slipped on ice demounting a tank during reserve duty | Jan 1983 | L knee arthotomy, arthrosopy, arthroplasty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Daily Medications** (list)

Drug, dose, frequency (every day, Xs per day, day of week)

Include supplements

**PRN Meds** (list)

Drug, dose, frequency (every day, Xs per day, day of week)

**Surgeries** (list)

Type Mo/day/year Surgeon Location

**Health Team** (list)

Hospital/Clinic Service Name(s) (list them all, current first. (mo/yr to mo/yr)

**Follow Up** (list)

Last colonoscopy Mo/day/year

Labs Mo/day/year

**Devices:** (list)

Theracane, Cervical Tx, TENS Personal health-related purchases

Example: Have a hot tub (R.A.)