

PREPARING YOUR MEDICAL RESUME

The creation of a medical resume is an organized way to manage your health and doctor's appointment(s).

Use this as a guide to help you get prepared and direct your conversations with your doctor, physical therapist, psychotherapist, or any other clinician you may see. Print out the one-sheeter and/or use the more detailed sheets.

If you have a more serious medical condition(s), then it can be used to inform your family so that everyone is up-to-date with your history, procedures, medications, and allergies.

Along with these sheets, you'll want to include copies of your insurance card(s), any lab test results, and examinations. Include as many details as you can—you never know what information your clinician will find to be important.

Lastly, you can download and save this medical resume. Once you've filled out the sections that are pertinent to you, it'll mean less paperwork to fill out when you go see a new doctor. If you have more than one page, put your name and DOB on every page and number the pages. **Print as many of the sheets as you need.**

NAME _____

DOB _____ **BLOOD TYPE** _____

ADDRESS _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ **PHONE** _____

MEDICAL TEAM

PRIMARY DOCTOR _____

ADDRESS _____ **PHONE** _____

ASSOCIATED HOSPITAL (IF APPLICABLE): _____

SPECIALIST _____

SPECIALTY _____ **PHONE** _____

ASSOCIATED HOSPITAL (IF APPLICABLE): _____

SPECIALIST _____

SPECIALTY _____ **PHONE** _____

ASSOCIATED HOSPITAL (IF APPLICABLE): _____

SPECIALIST _____

SPECIALTY _____ **PHONE** _____

ASSOCIATED HOSPITAL (IF APPLICABLE): _____

MENTAL HEALTH _____

SPECIALTY _____ **PHONE** _____

ASSOCIATED HOSPITAL (IF APPLICABLE): _____

PERTINENT FAMILY MEDICAL HISTORY

MOTHER

ALIVE OR DECEASED?

If deceased, include the cause of death and date.

WHAT ILLNESSES DOES / DID SHE HAVE:

FATHER

ALIVE OR DECEASED?

If deceased, include the cause of death and date.

WHAT ILLNESSES DOES / DID HE HAVE:

PERTINENT FAMILY MEDICAL HISTORY

SIBLINGS

ALIVE OR DECEASED?

If deceased, include the cause of death and date.

WHAT ILLNESSES DOES / DID THEY HAVE:

OTHER RELATIVES

ALIVE OR DECEASED?

If deceased, include the cause of death and date.

WHAT ILLNESSES DOES / DID SHE HAVE:

YOUR COMPLETE MEDICAL HISTORY

MEDICAL CONDITION	YEAR IT BEGAN

NOTES :

MEDICATION	DOSAGE	YEAR PRESCRIBED

YOUR COMPLETE MEDICAL HISTORY

ALLERGIES	REACTION

SURGERIES	DATE OF PROCEDURE











NOTES :

SYMPTOMS TRACKER

SYMPTOM: _____ DATE: _____

DESCRIBE THE SYMPTOM: _____











PAIN / DISCOMFORT SCALE: *(circle where you are at)*

NONE		MILD		INTENSE PAIN		SEVERE PAIN		WORST PAIN	
									

SYMPTOM: _____ DATE: _____

DESCRIBE THE SYMPTOM: _____

PAIN / DISCOMFORT SCALE: *(circle where you are at)*

NONE		MILD		INTENSE PAIN		SEVERE PAIN		WORST PAIN	
									

MEDICAL RESUME ONE-SHEETER

NAME _____

DATE OF BIRTH _____

ADDRESS _____

MEDICAL CONDITION (include the year it began, for example: Lupus, 1997)

MEDICATIONS (include the name & dosage, for example: Plaquenil 200mg for Lupus)

ALLERGIES (include the type of reaction, for example: Lamictal or latex: rash)

SURGERIES (include the type of procedure & year, for example: C-section, 2008)

FAMILY HISTORY (include any pertinent history of immediate family – mother & father’s side, siblings, aunts, uncles and their current health problems or what they died of)

