**EDS Medical History**

 For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Index:

* Doctor briefing pages (Not included in this draft)
* Insurance
* Doctor contact information
	+ Primary care
	+ Specialists
* Medications
	+ Pharmacy
	+ Prescription medications
	+ Other meds/supplements
* Medical history
	+ Allergies
	+ Surgeries
	+ Hospitalizations
	+ Historical diagnosis list
	+ Current issues list

**Health Insurance**

|  |
| --- |
| Provider:Plan:Group:ID:Address:Phone:Web site: |

**Primary care provider**

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:From/to:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:From/to:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

**Specialists**

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

**Specialists**

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

|  |
| --- |
| Doctor name:Specialty:First visit date:Hospital affiliation:Office address: Phone:Fax:Email:Web site: |

**Pharmacy**

|  |
| --- |
| Name:Phone:Address:Hours open: |

|  |
| --- |
| Name:Phone:Address:Hours open: |

|  |
| --- |
| Name:Phone:Address:Hours open: |

**Prescription Medications**

|  |
| --- |
| Med name:Amount in each pill:How often do you take it:Dates of medication:Who prescribed it:What was it prescribed for:How much does it help:What are the side effects: |

|  |
| --- |
| Med name:Amount in each pill:How often do you take it:Dates of medication:Who prescribed it:What was it prescribed for:How much does it help:What are the side effects: |

|  |
| --- |
| Med name:Amount in each pill:How often do you take it:Dates of medication:Who prescribed it:What was it prescribed for:How much does it help:What are the side effects: |

**Supplements and other medications**

|  |
| --- |
| Med /supplement name:Amount in each pill:How often do you take it:Dates of medication:Why do you take it:How much does it help:What are the side effects: |

|  |
| --- |
| Med /supplement name:Amount in each pill:How often do you take it:Dates of medication:Why do you take it:How much does it help:What are the side effects: |

|  |
| --- |
| Med /supplement name:Amount in each pill:How often do you take it:Dates of medication:Why do you take it:How much does it help:What are the side effects: |

**Allergies**

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

|  |
| --- |
| What are you allergic to:What happens:When did this first happen:What helps: |

**Surgeries**

|  |
| --- |
| Surgery:On what body part:Why was this performed:Who performed:Where:WhenComplications:How was the recovery:Did it help: |

|  |
| --- |
| Surgery:On what body part:Why was this performed:Who performed:Where:WhenComplications:How was the recovery:Did it help: |

|  |
| --- |
| Surgery:On what body part:Why was this performed:Who performed:Where:WhenComplications:How was the recovery:Did it help: |

**Hospitalizations**

|  |
| --- |
| Why did you go in:What tests did they do:What happened while there:Hospital name:Hospital address:When: |

|  |
| --- |
| Why did you go in:What tests did they do:What happened while there:Hospital name:Hospital address:When: |

|  |
| --- |
| Why did you go in:What tests did they do:What happened while there:Hospital name:Hospital address:When: |

|  |
| --- |
| Why did you go in:What tests did they do:What happened while there:Hospital name:Hospital address:When: |

**Historical Diagnosis list**

|  |
| --- |
| Diagnosis:Who made it:When:What was the basis for the diagnosis: |

|  |
| --- |
| Diagnosis:Who made it:When:What was the basis for the diagnosis: |

|  |
| --- |
| Diagnosis:Who made it:When:What was the basis for the diagnosis: |

**Current issues list**

|  |
| --- |
| Primary concern:Have you been seen for this before:What are you doing for it:What have you tried:What works:What does not work |

|  |
| --- |
| Secondary concern:Have you been seen for this before:What are you doing for it:What have you tried:What works:What does not work |