Powering Children's Futures

NEUROSURGERY
Kids FUND

Medical Profile

PATIENT INFORMATION

Name:	Date of Birth:

Personal Health Care Number:

Home Address:

Mailing Address:

Home Telephone:

PHYSICIAN(S):	TELEPHONE:	SPECIALTY:	LOCATION:

EMERGENCY CONTACTS:

NAME:	RELATIONSHIP:	HOME PHONE:	CELL:	WORK PHONE:

MEDICAL CONDITIONS:

ALLERGIES TO MEDICATIONS:

CURRENT MEDICATON REGIMEN

MEDICATION:	DOSAGE:	FREQUENCY:	CONDITON/ NOTES:

RECENT SURGICAL/MEDICAL HISTORY

ER/OR/ADMISSION:	DATE:	DOCTOR:	REASON:

MOST RECENT IMAGING

IMAGING:	DATE:	RESULT:

SHUNT PROGRAMMING

SETTING:	DATE:	RESULTS:

TIP: You can add in any additional sections that you require: general overview, equipment, stretching and so on.