

PORTABLE MEDICAL SUMMARY:

NAME/ETAM: _____

NAME/ETAM:		BIRTH DATE/RAAN IN LOTAK:	
ADDRESS/ATREEJ:		PARENT/GUARDIAN: JINOM/ JEMAM/RIKEJPAROK EOK:	
		HOME/WORK PHONE: TALBON NOMBAN AN MWEO/JIKIN JERBAL	
PRIMARY LANGUAGE: KAJIN EO AM:		EMERGENCY CONTACT: ARMIJ EO JENAJ KEBAAKE ILO IEN IDIN:	
		PHONE NUMBER (S): TALBON NOMBAN:	
PERTINENT PERSONAL CHARACTERISTICS: JABDEIWOT KAIN KAKOLLE ILO ENBWANNIM:			
MEDICATIONS/UNO KO LIMOM DAILY Rx: ILO KAJJOJO RAAN MONTHLY Rx: ILO KAJJOJO ALLOM		ALLERGIES: Uno/Moñã ko kwoj kadoki:	
		REACTIONS: Kilen am kadoke:	
Rx PRN: Uno ko kwoj bokì ilo ien am aikuji:		HERBS/SUPPLEMENTS: Mar/Uñ Ko:	
OXYGEN: YES/AET ____ NO/JAAB ____ QUANTITY/JETE: _____			
IMMUNIZATIONS UP TO DATE: YES/AET ____ NO/JAAB ____ EUUN KE WA IN AJIRI KO AM:		IMMUNIZATION RECORD (PLEASE ATTACH) PEPA IN WA (JOUJ IM LIKIT IBBEN PEPA IN)	

PRIMARY DIAGNOSIS: NANINMIJ EO REKAR LOE JINOIN	AGE AT TIME OF DIAGNOSIS: JETE AM IIO KE REJ LOE:
OTHER DIAGNOSIS/NANINMIJ KO JET:	

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Hospitalizations/Surgeries/Procedures Bed Hospital/Mwijnmwij/Madmōd Ko:	Date: Raan:	Hospital Name: Etan Hospital Eo:	Physician: Takto:
BASELINE VITALS:	BASELINE NEUROLOGICAL STATUS:		
RESPIRATIONS/AM MENONO _____ TEMP/JOÑAN BWIL _____ O2/JOÑAN OXYGEN _____ PULSE/JOÑAN PULSE _____ BP/JOÑAN BLOOD PRESSURE _____ / _____			

BASELINE FINDINGS/JEMLOK KO:

COMMON PRESENTING PROBLEMS: NANINMIJ KO EKKA KENONO KAKI:	TREATMENT CONSIDERATIONS: KOMADMOD KO ILO BEBE:
1. _____	1. _____
2. _____	2. _____
PRIMARY CARE PHYSICIAN: TAKTO/PCP EO AM:	EMERGENCY PHONE: TALBON NOMBA ILO IEN IDIN: FAX:
OTHER PHYSICIAN/TAKTO RO JET:	OTHER PHYSICIAN/TAKTO RO JET:
EMERGENCY PHONE: TALBON NOMBA ILO IEN IDIN: FAX:	EMERGENCY PHONE: TALBON NOMBA ILO IEN IDIN: FAX:
OTHER PHYSICIAN/ TAKTO RO JET:	OTHER PHYSICIAN/TAKTO RO JET:
EMERGENCY PHONE: TALBON NOMBA ILO IEN IDIN: FAX:	EMERGENCY PHONE: TALBON NOMBA ILO IEN IDIN: FAX:

MEDICAL EQUIPMENT: KEIN JERBAL KO AN TAKTO:	MEDICAL SUPPLIES: KEIN MADMOD KO AN TAKTO:	PROVIDER: JEN WON/IA:	CONTACT INFO: KILEN TOBARE:

SERVICES CURRENTLY RECEIVING: JIBAN/KOMADMOD KO KWOJ BOKI KIO:	PROVIDER CONTACT INFO: KILEN TOBAR IJO JIBAN/KOMADMOD KEIN REJ ITOK JENI

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HEALTH INSURANCE PRIMARY: INJUREN IN TAKTÕ KEIN KAJUON:	HEALTH INSURANCE SECONDARY: INJUREN IN TAKTÕ KEIN KARUO:
NAME/ETAN:	NAME/ETAN:
PHONE/TALBON NOMBA:	PHONE/TALBON NOMBA:
OTHER COMMENTS/MELELE KO JET:	

Signature Parent/Guardian: _____ Date: _____

Jain an Jinõm/Jemam/Rikejparok eok: _____ Raan: _____

Signature Primary Care Provider _____ Phone: _____

Jain an PCP ak Taktō eo am: _____ Talbon Nõmba: _____