Sample-General Format for Medical Data Sheet for Emergency Room
Use Front Side Only

Name: **DOB:**   **Age:**   **Male**   **Nonverbal/Non-Ambulatory**   **Catholic**

            Address: **Street,**   **City,**   **State**   **Zip Code**

Diagnosis: List description

Meds: List Meds and dose

            PRN Orders:

Allergies: Zinacef (rash)
Augmentin (diarrhea)

Medical History: List Brief History

Special: For example-Pin in Hip, Pace Maker, Hearing Aid, Hears better left ear than right, Dentures, etc.

Communication: Understands on a 4-6 year old level (English language)
Nonverbal-use facial expressions & gross vocalization
Ask yes/no questions-turns head left for yes and right for no
Breathing becomes labored if scared or feeling uncomfortable

General Behavior: Alert, happy, eyes focused, enjoys joking around, likes girls and going to mall. Tenses up if he doesn't want to do something.
New people or unfamiliar environment, change of routine, very anxious-increased heart rate & blood pressure, sweaty, tenses up, increased spasticity in legs/arms. You need to joke or talk to him and explain where he is or who he's with & that his Momma is coming soon.
Must be removed for his safety from behaviorally challenged individuals-cases physical distress in Matt (labored breathing, etc.)

Primary Physician: Dr. Michael, University Family Practice (xxx-xxx-xxxx)

Legal Guardian/Parent: Mary Smith (xxx-xxx-xxxx)

Pharmacy: Brand X, City, Phone (xxx-xxx-xxxx) Fax (xxx-xxx-xxxx)

Insurances: Brand A Policy #``11222222   Brand B Policy #11111111

5-22-2020 MH