

MEDICAL HISTORY

My name is: _____

My date of birth is: _____

My Diagnosis is: _____

PLEASE NOTE:

- *I CANNOT BE GIVEN FLAGYL. I HAVE A SIGNIFICANT RISK OF LIVER FAILURE AND DEATH IF GIVEN FLAGYL.
- *I CANNOT TOLERATE TYPICAL IV HYDRATION RATES – I AM AT SIGNIFICANT RISK OF HYPERVOLEMIA IF RATE IS TOO FAST. IT IS BEST TO START WITH HALF MAINTENANCE RATE FOR REHYDRATION.
- *MY AIRWAY IS DELICATE AND DECEPTIVELY TINY. CONSIDER INFANT OR NEONATE ET TUBE TO START.

I was born via: vaginal cesarean

I was: Full term Early at _____ weeks Late at _____ weeks

I weighed _____ at birth.

I have the following medical issues:

I have had the following surgeries:

Date: _____ Surgery: _____

Date: _____ Surgery: _____

Date: _____ Surgery: _____

I am on the following medications:
