

# PATIENT INFORMATION

Name: \_\_\_\_\_  M  F Blood Type: \_\_\_\_\_

Address: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical Insurance

1. \_\_\_\_\_

2. \_\_\_\_\_

## Medical Conditions – Check all that apply

- Duchenne Muscular Dystrophy
- Obstructive Sleep Apnea
- Ventilator Dependent
- Cardiomyopathy
- Adrenal Insufficiency
- Asthma
- Diabetes
- Autism
- Cognitive Delay
- Nonverbal
- Pacemaker/ICD
- Visually Impaired
- Hearing Impaired
- High Blood Pressure
- Kidney Disease
- Recurrent Rhabdomyolysis
- Seizure Disorder
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DO NOT GIVE THESE MEDICATIONS

- Succinylcholine
- Inhaled anesthetics
- Oxygen should only be administered with close CO2 monitoring or pressure support
- Other: \_\_\_\_\_

### CRITICAL INFORMATION NOTES

- Chronic Steroids – Risk for Adrenal Insufficiency
  - See PJ Nicholoff Steroid Protocol
- Vent Settings: \_\_\_\_\_
- Metal Implants-No MRIs
- ICD
- Other: \_\_\_\_\_

### EQUIPMENT NEEDED AT HOSPITAL

- BiPap
- Cough Assist
- Mobility Equipment
- Other: \_\_\_\_\_

## Medical Contacts

Neuromuscular Specialist/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

