ACTIVE PROBLEMS, Cont'd

Problem	Date Noted	Management/Medications	Next Due	Clinic Telephone Number

IMPORTANT

TO PATIENT:

- Keep this record with you.
- Go to the nearest health care center for medical services.
- Show this record to the doctor or clinic wherever you go for care. It will help you receive proper care.
- Make sure any change in your medications and any major health problems are entered on this card.

IMPORTANTE

AL PACIENTE:

- Guarde ésta tarjeta con Usted siempre.
- Vaya a la clínica de salud más cercana para servicios médicos.
- Presente ésta tarjeta cuando vea al doctor o vaya a una clínica. Le ayudara a recibir los servicios médicos indicados inmediatamente.
- Asegúrese que cualquier cambio en su medicina o receta y cualquier problema médico mayor sean indicados en esta tarjeta.

IMPORTANT

TO PROVIDER:

- Make sure all medical information is updated and entered on this card.
- For additional medical information call the referring health provider.

Courtesy of
National Migrant Resource Program, Inc.
1515 Capital of Texas Hwy. S., Ste. 220
Austin, TX 78746
(800) 531-5120

ADULT PERSONAL HEALTH INFORMATION

Para Adulto Información de Salud Personal

Name: _____
Nombre *Last* *First* *M.I.*

Birthdate: _____
Fecha de nacimiento *Month* *Day* *Year*

Sex: ☐ Male ☐ Female

Home Address: _____
Domicilio

_____

Head of Household: _____
Nombre del padre o madre de familia

Other Relative: _____
Otro Familiar

REFERRING HEALTH PROVIDER
Clínica, Médico, Centro de Salud

Name of Clinic: _____

_____

Address: _____

_____
City *State* *Zip*

Telephone: _____
area code

Chart no.: _____

Resource ID#: 32

Adult Personal Health Information (portable record)

Name _____

GENERAL HEALTH INFORMATION: Note to Clinic or Physician: Significant abnormal findings should appear in Inactive Problem List or, if unresolved, in Active Problem List.

ITEM	DATE LAST DONE				
Complete history					
Complete physical					
Vision testing					
Hearing testing					
Pelvic					
Ocular pressure					
Pap					
Chest x-ray					
EKG					
Tbn test					
Hgb/Hct					
UA					
Serology					
Sickle test					
Dental screen					
Immun. completed					
Tetanus					

ALLERGIES—Sensitivities	
Drugs:	Date:
Other:	

SIGNIFICANT INACTIVE PROBLEMS/ HOSPITALIZATIONS	Date:

ACTIVE PROBLEMS

Problem	Date Noted	Management/Medications	Next Due	Clinic Telephone Number