

# Medical Summary and Emergency Care Plan

## Six Core Elements of Health Care Transition 2.0

This document should be shared with and carried by the patient.

Date Completed:		Date Revised:	
Form Completed By:			
Contact Information			
Name:		Nickname:	
DOB:		Preferred Language:	
Parent (Caregiver):		Relationship:	
Address:			
Cell #:	Home #:	Best Time to Reach:	
E-Mail:	Best Way to Reach:    Text    Phone    Email		
Health Insurance/Plan:		Group and ID #:	
Emergency Care Plan			
Emergency Contact:		Relationship:	Phone:
Preferred Emergency Care Location:			
Common Emergent Presenting Problems	Suggested Tests	Treatment Considerations	
Special Concerns for Disaster:			
Allergies and Procedures to be Avoided			
Allergies	Reactions		
To be avoided	Why?		
Medical Procedures:			
Medications:			

# Medical Summary and Emergency Care Plan

## Six Core Elements of Health Care Transition 2.0

Diagnoses and Current Problems	
Problem	Details and Recommendations
Primary Diagnosis	
Secondary Diagnosis	
Behavioral	
Communication	
Feed & Swallowing	
Hearing/Vision	
Learning	
Orthopedic/Musculoskeletal	
Physical Anomalies	
Respiratory	
Sensory	
Stamina/Fatigue	
Other	

Adopted from © Got Transition™/ Center for Health Care Transition Improvement, 01/2014  Got Transition™ is a program of The National Alliance to Advance Adolescent Health supported by U39MC25729 HRSA/MCHB  [www.GotTransition.org](http://www.GotTransition.org)



Adopted from © Got Transition™/ Center for Health Care Transition Improvement, 01/2014 ♡ Got Transition™ is a program of The National Alliance to Advance Adolescent Health supported by U39MC25729 HRSA/MCHB ♡ [www.GotTransition.org](http://www.GotTransition.org)

# Medical Summary and Emergency Care Plan

## Six Core Elements of Health Care Transition 2.0

Most Recent Labs and Radiology									
Test	Date			Result					
EEG									
EKG									
X-Ray									
C-Spine									
MRI/CT									
Other									
Equipment, Appliances, and Assistive Technology									
Gastrostomy			Adaptive Seating					Wheelchair	
Tracheostomy			Communication Device					Orthotics	
Suctions			Monitors:					Crutches	
Nebulizer			Apnea				O2		Walker
			Cardiac				Glucose		
Other									
School and Community Information									
Agency/School			Contact Information						
			Contact Person:				Phone:		

# Medical Summary and Emergency Care Plan

## Six Core Elements of Health Care Transition 2.0

	Contact Person:	Phone:
	Contact Person:	Phone:
Special information that the patient wants health care professionals to know		
Patient signature	Print Name	Phone Number
		Date
Parent/Caregiver	Print Name	Phone Number
		Date
Primary Care Provider Signature	Print Name	Phone Number
		Date
Care Coordinator Signature	Print Name	Phone Number
		Date

Please attach the immunization record to this form.