Sample Medical Summary and Emergency Care Plan

This document should be shared with the youth/young adult and parent/caregiver.
Attach the immunization record to this form.

CONTACT INFORMATION

Preferred name *Legal name*

Date of birth *Preferred language*

Address

Cell phone/Home phone *Best time to reach*

Email *Best way to reach (text, phone, email)*

Health insurance and/or plan *Group and ID numbers*

Parent/Caregiver name *Relationship* *Phone*

PLEASE SHARE SOME SPECIAL INFORMATION THAT THE YOUTH/YOUNG ADULT OR PARENT/ CAREGIVER WANTS HEALTH CARE CLINICIANS TO KNOW *(e.g., they enjoy baseball, they play the piano).*

EMERGENCY CARE PLAN

☐ Limited decision-making legal documents available, if needed

☐ Disaster preparedness plan completed

Emergency contact *Relationship* *Phone*

Preferred emergency care location

Common Emergent Presenting Problems	Suggested Tests	Treatment Considerations

© 2020 Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.

Sample Medical Summary and Emergency Care Plan

(Continued)

ALLERGIES AND PROCEDURES TO BE AVOIDED

Allergies	Reactions

To Be Avoided	Why?
☐ Medical procedures	
☐ Medications	

DIAGNOSES AND CURRENT PROBLEMS

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

MEDICATIONS

Medications	Dose	Frequency	Medications	Dose	Frequency

© 2020 Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.

Sample Medical Summary and Emergency Care Plan

(Continued)

HEALTH CARE CLINICIANS

Clinician's name	*Primary/(Sub)specialty*	
Clinic or Hospital	*Phone*	*Fax*
Clinician's name	*Primary/(Sub)specialty*	
Clinic or Hospital	*Phone*	*Fax*

PRIOR SURGERIES, PROCEDURES, AND HOSPITALIZATIONS

Date	*Surgery/Procedure/Hospitalization*
Date	*Surgery/Procedure/Hospitalization*

BASELINE

Vital Signs: *Height* *Weight* *RR* *HR* *BP*

Neurological status

MOST RECENT LABS AND RADIOLOGY

Test	*Result*	*Date*
Test	*Result*	*Date*
Test	*Result*	*Date*

EQUIPMENT, APPLIANCES, AND ASSISTIVE TECHNOLOGY

- ☐ Gastrostomy
- ☐ Tracheostomy
- ☐ Suctions
- ☐ Nebulizer
- ☐ Communication Device
- ☐ Adaptive Seating

- ☐ Wheelchair
- ☐ Orthotics
- ☐ Crutches
- ☐ Walker
- ☐ Other(s): ______________

Monitors:

- ☐ Apnea
- ☐ O_2
- ☐ Cardiac
- ☐ Glucose

© 2020 Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.

got transition®

Sample Medical Summary and Emergency Care Plan
(Continued)

SCHOOL AND COMMUNITY INFORMATION

Agency/School	*Contact person*	*Phone*
Agency/School	*Contact person*	*Phone*
Agency/School	*Contact person*	*Phone*

IMPORTANT NEXT STEPS

Next step(s)

Next appointment(s)

Youth/Young adult signature	*Date*
Print name	*Phone*
Parent/Caregiver signature	*Date*
Print name	*Phone*
Clinician/Care staff signature	*Date*
Print name	*Phone*

© 2020 Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.