

Medical Contacts

Neuromuscular Specialist/Hospital:

Phone:

After Hours Phone:

Primary Care Provider:

Phone:

PATIENT INFORMATION

Name:

Address:

M F

Blood Type:

Emergency Contacts

Name:

Relation:

Phone:

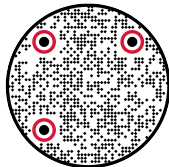
Address:

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: