

# PATIENT INFORMATION

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

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

## Emergency Contacts

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

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

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

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

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

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

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

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

## Medical Insurance

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

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

## Medical Conditions – Check all that apply

- Dystrophinopathy**
  - Duchenne Muscular Dystrophy
  - Becker Muscular Dystrophy
  - Carrier
- Adrenal insufficiency
- Autism
- Asthma
- Cognitive Delay
- Diabetes
- Hearing Impaired
- High Blood Pressure
- Kidney Disease
- Nonverbal
- Obstructive sleep apnea
- Pacemaker/ICD
- Recurrent Rhabdomyolysis
- Seizure Disorder
- Ventilator Dependent
- Visually Impaired
- Other: \_\_\_\_\_

## Allergies

\_\_\_\_\_  
\_\_\_\_\_

### DO NOT GIVE THESE MEDICATIONS

- Succinylcholine
- Inhaled anesthetics (with exception of Nitrous Oxide)
- Oxygen should only be administered with close CO2 monitoring or pressure support
- Other: \_\_\_\_\_

### CRITICAL INFORMATION NOTES

- Chronic Steroids
  - **Reference PJ Nicolhoff Protocol for guidance on stress steroid dose regimen**
- Vent Settings: \_\_\_\_\_
- Metal Implants
  - Type: \_\_\_\_\_
  - MRI compatible? YES or NO
- ICD Type: \_\_\_\_\_
  - Date of Last Interrogation: \_\_\_\_\_
- Other: \_\_\_\_\_

### EQUIPMENT NEEDED AT HOSPITAL

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

## Medical Contacts

### Neuromuscular Specialist/Hospital:

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

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

### Primary Care Provider:

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

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

### Cardiologist:

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

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

[parentprojectmd.org/emergencycare](http://parentprojectmd.org/emergencycare)

