NAME:
DOB:

10/21/20

# PERSON WITH PARKINSON'S

## IDENTIFYING INFORMATION:

GENDER: BLOOD TYPE: PULSE:
HT: NORMAL BP:
WT: MARITAL STATUS:

**PRIMARY INS:** PHONE:
MEMBER #: FAX:

**SECONDARY INS:** PHONE:
MEMBER #: FAX:

**PHARMACY:**
1 MO: PHONE: FAX:
3 MO: PHONE: FAX:

**ADVANCED HEALTH CARE DIRECTIVE?** Y N

**Primary Agent:**
NAME:
RELATIONSHIP:
PHONE:

**Secondary Agent:**
NAME:
RELATIONSHIP:
PHONE:

**DO NOT RESUSITATE ORDER?** Y N

**HIPPA PRIVACY WAIVER?** Y N

## NOTIFY IN CASE OF EMERGENCY

| NAME | RELATIONSHIP | | PHONE | LOCATION |
|---|---|---|---|---|
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## OTHERS LIVING IN THE HOME

| NAME | RELATIONSHIP |
|---|---|
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**NAME:** **10/21/20**
**DOB:**

# PERSON WITH PARKINSON'S

**DO NOT GIVE THIS PATIENT ANY NARCOTIC**
**SEE ATTACHED MEDICATIONS TO AVOID LIST**

**PROTOCOLS FOR:** **NAUSEA:** **PAIN:**

| MEDICATIONS | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **MEDICATION** | | **DOSE TIMES** (military) | | | | | | | | |
| **NAME** | **DOSE** | | | | | | | | | |
| **PD MEDS** | | | | | | | | | | |
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| **GI MEDS** | | | | | | | | | | |
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| **OTHER MEDS** | | | | | | | | | | |
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**PD MEDS MUST BE GIVEN ON TIME EVERY TIME.**

**NOTE:** Food and protein interfere with PD med absorption.
To avoid this, food should be consumed more than 1 hr before or 2 hrs after PD meds.
Per current dose schedule, meals should be consumed at the times listed below:

| | | | |
|---|---|---|---|
| AM | Breakfast | PM | Snack |
| PM | Lunch | PM | Dinner |

| SUPPLEMENTS | | | | |
|---|---|---|---|---|
| **BRAND** | **SUPPLEMENT** | **DOSE** | **X/DAY** | **NOTES** |
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**NAME:** **10/21/20**
**DOB:**

| DATE: | | DIAGNOSIS: |
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| DATE: | | SURGERIES/PROCEDURES: |
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| ALLERGEN: | | REACTION: |
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**VACCINES:**

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|---|---|---|---|
| **DENTURES** | **Y/N** | **HEARING AIDS** | **Y/N** |
| **GLASSES** | **Y/N** | **CATHETER** | **Y/N** |
| **CONTACTS** | **Y/N** | **INTERNAL** | **Y/N** |
| **USES OXYGEN** | **Y/N** | **EXTERNAL** | **Y/N** |

**NAME:** **10/21/20**
**DOB:**

| MEDICAL TEAM | | | | |
|---|---|---|---|---|
| **Specialty** | **Last Appt** | **Name** | **Phone** | **Nxt Appt** |
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**HOSPITALIZATIONS**

**A. Hospital:** **Reason for admission:**
**Address:** **Surgery/Procedure:**
**Date/s:**
**Phone:**

**B. Hospital:** **Reason for admission:**
**Address:** **Surgery/Procedure:**
**Date/s:**
**Phone:**

**C. Hospital:** **Reason for admission:**
**Address:** **Surgery/Procedure:**
**Date/s:**
**Phone:**

**D. Hospital:** **Reason for admission:**
**Address:** **Surgery/Procedure:**
**Date/s:**
**Phone:**