Put names to the roles.

#1 __________ 
#2 __________ 
#3 __________ 

What’s your acceptable balance?

- Physical
- Emotional
- Mental
- Spiritual
## Focus on the Major Organs

Color code the status:

- **GREEN** = Not taking any medications
- **YELLOW** = Controlled with medications
- **RED** = Medications not working

### Age

<table>
<thead>
<tr>
<th>0-17</th>
<th>18-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80-89</th>
<th>90-99</th>
<th>100+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>Extreme Aging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Activity Scale

- Active
- Moderately Active
- Inactive

### Health Conditions

- Healthy
- Underlying Conditions
- Chronic Conditions
- Terminally Ill

### Number of Prescriptions

<table>
<thead>
<tr>
<th>0 (None)</th>
<th>1-5</th>
<th>5-10</th>
<th>10+</th>
</tr>
</thead>
</table>

### Number of Over the Counter Medications

<table>
<thead>
<tr>
<th>0 (None)</th>
<th>1-5</th>
<th>5-10</th>
<th>10+</th>
</tr>
</thead>
</table>

### Pain Scale

- No Pain
- Moderate Pain
- Severe Pain

### Anxiety Scale

- No Anxiety
- Moderate Anxiety
- Severe Anxiety

### Notes:
PATIENT BASICS
- Name
- Address
- City, State, Zip
- Phone
- Email
- Date of Birth
- Social Security Number (if required)

MEDICAL TEAM BASICS
- Name of Medical Provider
- Address
- City, State, Zip
- Type:
  - General practioner
  - Specialty Care
  - Dental
  - Vision
  - Pharmacy
  - Other:

MEDICATION: PRESCRIPTION AND OVER THE COUNTER
- Name of Drug /Medicine
- Prescribed By (Provider)
- Filled By (Pharmacy)
- Dosage / Frequency Taken
- Patient Experienced Side Effects

ADVANCE CARE PLAN / HEALTH CARE DIRECTIVE
- Health Care Agent(s) information (Contact Information)
- Life Support options approved / not approved

INSURANCE - MEDICAL
- Carrier Name
- Group # / Plan #
- Phone #
- Patient ID #
- Name of policy holder
- In Network / Out of Network
- Deductibles / Co-Insurance
- Referrals needed or not

ADDITIONAL INSURANCE TO BE CONSIDERED
- Secondary Medical
- Prescription Drug
- Disability: Long term / Short Term
- Vision or Dental
- Long Term Care
- Workman’s Compensation
- Auto / Homeowners

(Nice to have or know where to find this information BEFORE a medical event)