



## Medical Visits

Items you may wish to include in this section of your binder:

- Physician notes, letters, copy of your care plan or papers from doctors, nurses, MDA Care Center staff, therapists or others
- Tests and procedures
- List of your medical conditions
- List of accidents or injuries since birth
- Summary of each hospital stay



## Upcoming Medical Appointments

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Who is the appointment with? \_\_\_\_\_

Reason for appointment: \_\_\_\_\_ Institution/location: \_\_\_\_\_

Notes and follow-up: \_\_\_\_\_

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## Hospitalizations

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

Notes: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

Notes: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_

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Reason for hospitalization: \_\_\_\_\_

Notes: \_\_\_\_\_

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Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

Notes: \_\_\_\_\_



## Hospitalizations

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_  
Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_  
Reason for hospitalization: \_\_\_\_\_  
Notes: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_  
Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_  
Reason for hospitalization: \_\_\_\_\_  
Notes: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_  
Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_  
Reason for hospitalization: \_\_\_\_\_  
Notes: \_\_\_\_\_

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Attending physician: \_\_\_\_\_ Institution/location: \_\_\_\_\_  
Reason for hospitalization: \_\_\_\_\_  
Notes: \_\_\_\_\_



## Surgeries

Date of surgery: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Reason for surgery: \_\_\_\_\_ Institution/location: \_\_\_\_\_

Notes and follow-up: \_\_\_\_\_

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Reason for surgery: \_\_\_\_\_ Institution/location: \_\_\_\_\_

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## Telephone Call Record

Date of call: \_\_\_\_\_ Individual with whom you spoke: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Institution/Location: \_\_\_\_\_  
Reason for call: \_\_\_\_\_ Notes and follow-up: \_\_\_\_\_

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