



NAVIGATOR NOTES

Making Eldercare Easier



Information Sheet to take to Medical Appointment (Example)

Name Here

Birthdate: 01/02/xxxx

Current Medications:

Med CCC	XX mg	Split in 1/2	1/2 in AM, 1/2 in afternoon
Med DDD	XX mg		1x/day in afternoon
Med EEE	XX mg		1x/day in AM
Med FFF	XX mg		1x/day in PM
Med GGG	XX mg	PEN	1x as bedtime if needed

Temporary Medications:

Med III	20 mg		1x/day to reduce pain
Med III	20 mg		1x/day to reduce pain

OTC (Over the Counter):

Vitamin C	xx mg capsule		1x/day
Cream for joint pain			As needed

Allergies:

Med A, Med B

Health Insurance:

Medicare ID# XXX-XX-XXXX A Effective Date: XXXX/XXXX

Supplemental Insurance: Name of Company ID# XXXXXXXXXXXXX

Customer Service 1-800-XXX-XXXX

Claims Address: P.O. Box XXXXXXX, City, State, Zip Code

Copy -- Office Visit XXX, ER XXX, Urgent Care XXX

Prescription Drug Info:

Insurance -- Part D Ins. Company

Rx ID#XXXXXXXXXX

Maintenance meds through Mail Order Pharm

Phone 1-800-XXX-XXXX, fax 1-800-XXX-XXXX

Incidental prescriptions through Retail Pharm

Phone XXX-XXX-XXXX, fax XXX-XXX-XXXX

They deliver (or not).



Primary Care Physician Name of Doctor, MD
Address, St. X-XXX, City, State, Zip Code
XXX-XXX-XXXX
Name of Nurse, RN Nurse Practitioner

Date of last visit

Pacemaker/Device Implanted on XXX XXXX

Surgeries XXX on XXX XXXX

Emergency Contact Your Name and Contact Info
(If you have Power of Attorney, note that here)
Sibling or Spouse Contact Info

Instructions for Medical Appointment Info Sheet

1. List medications, dosage and time of day the meds are taken. If any are PRN (as needed), make sure to list that as well.
2. Note any medication allergies they have.
3. Note their Medicare number and effective date. List supplemental insurance information, including name of company, ID#, claims address, phone as well as copays.
4. For prescriptions, list the name of the Rx insurance company, their contact info and ID#. If mail order pharmacy is used, list their contact info. If retail pharmacy is used, give contact info and address (include State # if you have it).
5. List primary care doctor, nurse practitioner as the first on the list. If the visit is with your primary doctor, this info is not necessary. However, if the visit is with a specialist, a surgical center, clinic or imaging center, they'll want the primary doc name.
6. List any devices that your elder has had implanted, joint replacements or any transplants that they've had. If they are diabetic, list any reads or devices that they use.
7. Describe, in summary, any special surgical history (including medical procedures) and dates that would be important in their medical care. Ex. heart surgery in Oct. 2014 or gall bladder removed in May 2015.
8. Provide your contact information, your siblings' contact info and note if you (or your siblings) carry the medical Power of Attorney for your elder.
9. You may want to make a copy of their Medicare and insurance cards to carry with this list.
10. This summary sheet will be helpful to carry with you for:
 - a. Annual check-up with primary care doctor (if elders don't visit often)
 - b. Specialist visit
 - c. Medical procedure check-in (contrast surgery, mammogram, colonoscopy, etc.)
 - d. Initial visit to therapy session (physical/occupational/speech/language)



Medical Info for:

Birthdate:

Current Medications:

Med	Dosage	Time/Frequency of Dose
Blood pressure med	50 mg	1/day, noon

Temporary Medications:

Med	Dosage	Time/Frequency of Dose
Hydrocortisone cream	cover rash on elbow	AM and PM

Over the Counter (OTC):

Item	Dosage	Frequency of Dose
LOW Dose Aspirin	80 mg	1/day, morning
Antacid	1 chewable	As needed

Allergies:

Health Insurance:

Medicare ID# Effective Date

Supplemental Insurance ID#

Customer Service Phone:

Claims Address:

Copay - Office Visit (Primary) \$ (Specialist) \$
ER \$ Urgent Care \$

Prescription Drug Info:

Insurance Rx ID#

Maintenance meds through

Phone Fax

Incidental prescriptions through

Phone Fax

Delivery: Yes | No