Georgetown University Hospital

MedStar Health

OUTPATIENT SUMMARY LIST

PLEASE PRINT. PRESS FIRMLY.

GUH 30031200 (7/28/08) (F3F)

PRINT OR USE PATIENT LABEL

Patient Name _____
Last First

MR # _____

DOB _____

A. Known Adverse and Allergic Drug Reactions / Known Allergies			
Date Noted		**Date Noted**	

B. Known Significant Medical Diagnosis and Conditions

Date	C. Known Surgical and Invasive Procedures

PLEASE PRINT. PRESS FIRMLY. PLEASE TAKE TO YOUR NEXT MEDICAL ENCOUNTER.

Name _____ DOB _____ MR # _____
Last First

D. Known Current Medications: Prescription / Over-the-Counter / Herbals / Vitamins / Dietary Supplement

START DATE	MEDICATION	DOSAGE	ROUTE	FREQUENCY	STOP DATE

Provider to initial and date. If no updates to the Summary list / Medication reconciliation are required, Provider should check No Changes box, initial and date.

E.	Providers Init	Date of Service	No Changes		Providers Init	Date of Service	No Changes		Providers Init	Date of Service	No Changes
VISIT	1.		n/a	VISIT	4.		❑	VISIT	7.		❑
	2.		❑		5.		❑		8.		❑
	3.		❑		6.		❑		9.		❑