

This document outlines important recent medical history.



IMPORTANT: I have a rare, life-threatening disease called familial chylomicronemia syndrome (FCS).

Patient Information

First Name: _____ Middle Name: _____ Last Name: _____
 Nickname: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary phone: _____ Work phone: _____ Other phone: _____
 Insurance provider: _____ Policy number: _____
 Blood type: _____ Ethnicity: _____
 Factors that may affect treatment: _____

Emergency Contact Information

Emergency contact name: _____ Relation: _____
 Primary phone: _____ Work phone: _____ Other phone: _____
 Has signed power of attorney for care
 Healthcare provider emergency contact
 Name: _____ Provider type: _____
 Work phone: _____ Cell phone: _____

Other Medical Needs

Medical diagnoses/conditions: _____
 Allergies: _____
 Special technology needs (tubes, catheters, ports, etc.): _____
 Precautions to take while dealing with technology: _____

Healthcare Providers

NAME	SPECIALTY	PHONE NUMBER	ADDRESS

Pharmacy Information

Pharmacy:

Address:

Phone Number:

Fax Number:

Medications

MEDICATION (including over-the-counter and supplements)	DATE STARTED	DATE ENDED	DOSAGE	SPECIAL INSTRUCTIONS

Recent ER Visits/Hospitalizations

DATE	SYMPTOMS	DIAGNOSIS	ADMITTED? (YES OR NO)

Recent Scans/Imaging

DATE	TYPE	REASON	DIAGNOSIS

Other Important Information

 **NOTE TO PATIENT:** Be sure to keep detailed lab reports and other health documents in the FCS CareBook.