Martin Estepp
Medicare Benefits Consultant

Print Reset Submit

Medical Profile

Personal Medical Summary

Last Updated:

PERSONAL INFORMATION

NAME:

DOB: AGE:

PERSONAL PCP & PREFERRED HOSPITAL

PCP Name:

Preferred Hospital:

☐ BJC ☐ MERCY ☐ SSM ☐ ST LUKES

CURRENT MEDICAL SPECIALISTS

Specialist & Name:

Cardiologist:

Endocrinologist:

Nephrologist:

Pulmonologist:

Other (Specialty):

CHRONIC MEDICAL CONDITIONS

☐ Alzheimer's / Dementia / Autism

☐ Asthma / COPD

☐ Cancer (Active or History of)

☐ CHF / Heart Failure

☐ Depression / Bipolar / Anxiety / PTSD

☐ Diabetes ☐ T1 ☐ T2 ☐ Insulin ☐ Brittle

☐ High Blood Pressure ☐ Blood Thinner

☐ Heart Disease (A-Fib, Stents, CAD)

☐ Immunocompromised

☐ Kidney Disease / Dialysis

☐ Seizures or Stroke

MEDICAL DEVICES OR IMPLANTS

☐ Pacemaker ☐ Defibrillator

☐ Insulin Pump ☐ Dialysis Access

☐ CPAP / BiPAP ☐ Oxygen (Home Use)

☐ Port (IV / Chemo)

NON-MEDICATION ALLERGIES

Food, latex, environmental etc.

Allergen:

Reaction:

Don't Rely on Memory in an Emergency

EMERGENCY CONTACT

Name:

Phone:

Relationship:

☐ Spouse ☐ Child ☐ Caregiver

☐ Advocate ☐ Sibling ☐ Friend ☐ Neighbor

The person listed above has:

☐ Healthcare Power of Attorney

☐ Authorized to Verify Medicine List

INSURANCE INFORMATION

Do you have health insurance? ☐ Yes ☐ No

If yes, check all that apply:

☐ Commercial ☐ Medicare ☐ Medicaid

ADVANCE DIRECTIVES

☐ I have a living will

☐ I have a DNR (Do Not Resuscitate)

☐ I have a Healthcare Power of Attorney

DENTAL CARE (MONTH AND YEAR)

Last Dental Visit Up to Date ☐ Y ☐ N

VISION CARE

Last Eye Exam Up to Date ☐ Y ☐ N

HEARING CARE

Last Hearing Test Up to Date ☐ Y ☐ N

OVER THE COUNTER (OTC) & SUPPLEMENTS

Name: Reason:

Name: Reason:

Name: Reason:

MEDICATION ALLERGIES

Name: Reaction:

Name: Reaction:

MEDICINE AS NEEDED

Name: Reason:

Name: Reason:

DAILY MEDICINES ON SECOND PAGE

(When medications change, you usually only need to update Page Two.)

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MEDICINE LIST UPDATE

NAME:

UPDATE THIS PAGE WHEN MEDICATIONS CHANGE

DAILY MEDICINES - DOSE & INSTRUCTIONS

Refer to the Key Information box on the right side of this page. Find the letter (A-L) that matches when you take your medication. Write that letter on the line next to "Time to Take."

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

Name: Dose:
Time to Take: (Insert Key Letter)

☐ See additional medicines on the attached sheet

PHARMACY INFORMATION

Name:

Address:

City/St/Zip:

Phone:

24-Hour Pharmacy ☐ Yes ☐ No

Be Proactive, Not Reactive
(Keep your medicine list current and accessible)

KEY INFORMATION

A - Take 1 tablet in the morning
B - Take 1 tablet in the morning and evening
C - Take 1 tablet in the afternoon
D - Take 1 tablet in the evening
E - Take 1 tablet in the morning, afternoon, and evening
F - Take 2 tablets in the morning
G - Take 2 tablets in the morning and evening
H - Take 2 tablets in the afternoon
I - Take 2 tablets in the evening
J - Take 2 tablets in the morning, afternoon, and evening
K - Inhaler: Inhale 1 puff daily in the morning
L - As Needed

Don't Rely on Memory in an Emergency

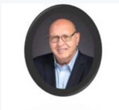
SMART PLACES TO KEEP YOUR PERSONAL MEDICATION LIST & HEALTH SUMMARY

☐ On Your Refrigerator
☐ On Your Phone
☐ At Your Bedside
☐ In Your Car's Glove Box
☐ Inside a Folder with Your Insurance Cards
☐ With a Trusted Family Member or Caregiver

Review Often & Keep Extra Copies

Medicine List Update

Provided by Martin Estepp
"A Senior Helping Seniors"
314-279-7900



Download the Medical Profile at
www.martinestepp.com

In Memory of Diane Estepp