CRG MEDICAL FOUNDATION FOR PATIENT SAFETY
www.communityofcompetence.com

PATIENT SAFETY CHECKLIST

It is important to be prepared for your medical appointment. You must provide accurate information about your health problems and concerns. This checklist will help you write down information your doctor and nurse may need. Please fill out checklist before your next appointment and give it to your doctor or nurse at your appointment. Keep information on this form private.

1. INFORMATION ABOUT YOUR APPOINTMENT

❑ **Patient does not speak or understand English.**
This checklist was filled out by: _____

❑ **Today's Date: (mm)___(dd)___(yy)___**

❑ **Is the Patient younger than 18 year old?:** ❑ Yes ❑ No
If yes, provide name of responsible, legal guardian of Patient:_____

❑ **Patient's Full Name**: _____

❑ **Name of Primary Person going to** _____ **appointment with Patient and check box**: ❑ family or ❑ friend

❑ **Name of Doctor to visit**:_____

❑ **Location of Appointment**:_____
(Hospital, clinic, floor, room number)

Be sure to bring these items to your appointment:

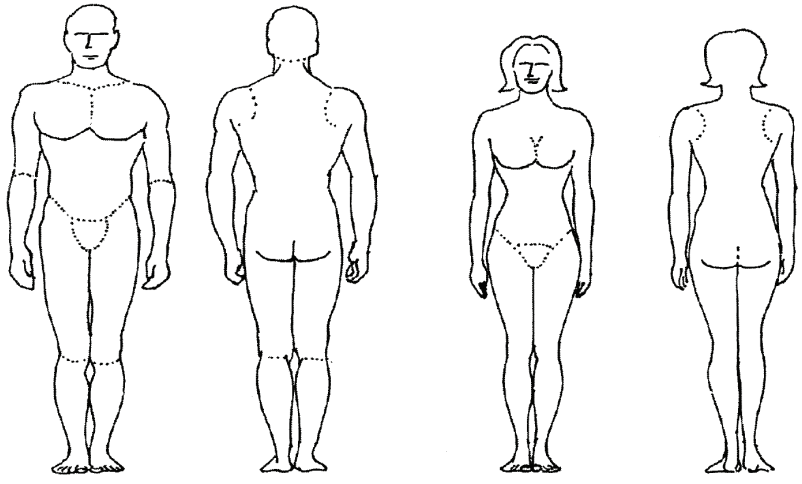
- ❑ Identification card with picture
- ❑ Insurance card(s)
- ❑ Hospital or clinic card
- ❑ Medicare card, if appropriate
- ❑ This Patient Safety Checklist
- ❑ All medicine bottles
- ❑ Medical records, x-ray, CT scan, MRI scan, if appropriate

❑ **Date of Appointment**: _____ **Time of Appointment:**_____(AM) or (PM)

❑ **How will you get to the appointment?** ❑ Drive myself ❑ Ask someone to drive me ❑ Take bus or cab

❑ **Reason(s) for Appointment**:_____

❑ **In the picture below, circle part(s) of your body that you have problem(s) with:**



2. EMERGENCY CONTACT INFORMATION

❑ **Name of Emergency Contact:** _____ ❑ family or ❑ friend **Phone:** _____

❑ **Do you have Medical Power of Attorney and/or Medical Directives (Living Will, etc.)?**

- ❑ No I would like more info on this and will contact my doctor.
- ❑ Yes I will bring a copy of these documents to my appointment!

❑ **My primary doctor's name is:** _____ **Phone:**_____

PATIENT SAFETY CHECKLIST

3. INFORMATION ON CURRENT MEDICATIONS

❑ I AM TAKING THESE CURRENT MEDICATIONS! Write the names of each medicine from your medicine bottles. Be sure and list all the prescribed and over-the-counter medicine that you are NOW taking.

	Name of medicine	Dosage (e.g. 5 mg)	How Often? (e.g. 2 times/day)	I have to take this medicine forever.
1.	_____	_____	_____	❑ Yes ❑ No
2.	_____	_____	_____	❑ Yes ❑ No
3.	_____	_____	_____	❑ Yes ❑ No
4.	_____	_____	_____	❑ Yes ❑ No
5.	_____	_____	_____	❑ Yes ❑ No
6.	_____	_____	_____	❑ Yes ❑ No
7.	_____	_____	_____	❑ Yes ❑ No
8.	_____	_____	_____	❑ Yes ❑ No
9.	_____	_____	_____	❑ Yes ❑ No
10.	_____	_____	_____	❑ Yes ❑ No

(If you have more medications, please use an additional sheet.

4. INFORMATION ABOUT ALLERGIES, EXISTING CONDITIONS AND FAMILY HISTORY

❑ LIST ANY FOOD OR DRUG ALLERGIES OR REACTIONS YOU HAVE OR HAVE HAD! (List even if reaction was minor)

1. _____
2. _____
3. _____
4. _____
5. _____

❑ LIST ANY SUPPLEMENTS, VITAMINS OR ALTERNATIVE MEDICINE AND/OR SPECIAL DIETS YOU ARE ON! (such as Atkins, South Beach, vegan, weight watchers, and special teas)

1. _____
2. _____
3. _____
4. _____
5. _____

❑ I CURRENTLY HAVE THE FOLLOWING CONDITION(S):

❑ Hearing problem
❑ Seeing problem
❑ Eating problem
❑ Arthritis, pain in joints
❑ Pacemaker or implanted cardioverter or defibrillator
❑ Chemotherapy and radiation therapy for cancer
❑ Problem moving/standing/bending
❑ Trouble remembering things
❑ Pregnancy
❑ Mental illness
❑ Fear of closed spaces
❑ Other:_____

❑ I HAVE THE FOLLOWING FAMILY MEDICAL HISTORY:

❑ Heart disease
❑ Diabetes I or II
❑ Sleep problem(s)
❑ Seizures
❑ Dizziness, fainting
❑ High blood pressure
❑ Depression/Mental illness
❑ Infectious disease/STD
❑ Anemia
❑ Migraine headache
❑ Stomach/Bowel disease
❑ Kidney disease
❑ Liver disease
❑ Breathing/lung disease
❑ Recurring pneumonia
❑ Eye problem (glaucoma, cataract)
❑ Smoking cigarettes or chewing tobacco
❑ Complication with blood transfusion
❑ Complication with anesthesia
❑ Cancer (specify):_____

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.