— Mivri Medical—

EMERGENCY

— Information Binder —



Helping you organize your health records

If you enjoyed this content, be sure to preorder Lisa's book *The Paper Solution* being released on August 4th! Preorder now at organize365.com/book.



Too many women feel overwhelmed, hopeless, and have lost the motivation to take back the organization of their homes. They weren't "born organized." Their family doesn't understand them. They have tried and tried, but nothing works. No, no, NO! Anyone can get organized! But it takes work and a new way of looking at the challenge ahead.

Organize 365® is dedicated to encouraging women to simplify their lives, increase their productivity, and live life on purpose. As a professional organizer and productivity specialist, Lisa Woodruff shares practical and humorous messages about organization and time management.

ORGANIZE 365® MISSION

Help busy women finally get their home and paper organized in one year with functional organizing systems that work.



LISA WOODRUFF

Professional Organizer

As a professional organizer & productivity expert, Lisa Woodruff has helped thousands of women reclaim their homes and finally get organized with her practical tips, encouragement, and humor through her blog and podcast, Organize 365®.

She is the creator of the online organization series: 100 Day Home Organization Challenge, Organize 101: The Sunday Basket, and Get ALL Your Papers Organized Solution.



"You saved my sanity in May when I downloaded your Medical notebook guideline and completed it for my Mother. I added...surgeries, doctor appts, ER visits, hospital stays, etc. Each item is one line with date and reason. The EMTs loved it and suggested that I keep it available in her apartment along with the current medication and contact info from your Medical binder."

- Darlene







FAMILY INFORMATION SHEET

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				Birthdate:
	Mother's Full Name:			Birthdate:
PLE	Employer:			
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FAMILY INFORMATION SHEET

S	Name:					_ Date:
B/	Address:					
	City:					_Zip:
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—	Birthdate:	City / State of Birth: _				
	Emergency Contact:					
	Height:					
	Clothing Sizes:				Shoe Siz	zes:
	Allergies:					
S	E-mail:					
\Box	Driver's License #:					
	Passport #:					
	Father's Full Name:			-		
Щ	Mother's Full Name:					
PEOPLE	Doctor:					
PE	Dentist:					
F	Eye Doctor:					
MPORTANT	Other Medical Team:					
OR						
ΜP	Pharmacy:				Phone:	
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	Primary School Name:					
Z	Address:					
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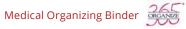




ONE PAGE MEDICAL INFORMATION SHEET

Name:				
Birthdate:		Height:		Weight:
Address:				
Emergency Contact:			Phone: _	
Backup Emergency Contact:			Phone: _	
Caregiver Name:			Phone: _	
Primary Doctor Name:				
Insurance Information:				
Preferred Hospital:				
Dentist:				
Dental Insurance Information:				
	OTHER IMPORTANT I	HEALTH CARE PROVI	DERS	
Name:			Phone:	
Name:			Phone:	
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ONE PAGE MEDICAL INFORMATION SHEET

Name:				
Birthdate:		Height:	Weight:	
Address:				
Parent's Name:			Phone:	
Parent's Name:			Phone:	
Backup Emergency Contact:			Phone:	
Primary Doctor Name:			Phone:	
Insurance Information:				
Dentist:				
Dental Insurance Information:				
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If you have a custody agreement for your child that specifies which parents are allowed to make medical decisions, please keep a copy of that paperwork in your medical binder. Also consider keeping a copy or a photograph on your phone.



As a parent of two children with medical needs, I am at the doctor more than I am anywhere else! Taking the time to write out a brief summary of your health history can provide great clues to a new doctor.

Included in this section is a space for you to document symptoms. For example, when my son gets a cold it triggers his asthma. For my daughter, she will get a high fever and a barky cough. Knowing how a family member's symptoms typically play out is helpful to avoid panic.

In my case, a high fever in my son is cause for concern but not in my daughter. Additionally her barky cough sounds terrible, but it is her body's way of recovering.

Oddly when my daughter's verb tenses are incorrect it means her medication levels are off. {"I hadded to go" instead of "had to go."}

We would all like to think that medical care is black and white, but unfortunately there is lot of gray. If you are caring for a child, an older family member or someone who has lost communication, symptoms are great clues to the care they need.



MEDICAL AND HEALTH HISTORY (CONT'D)

CURRENT CONDITIONS:					
TREATMENTS THAT HAVE WORKED / NOT WORKED:					
CHANGES IN BEHAVIOR AND SYMPTOMS:					

FAMILY MEDICAL HISTORY FORM

Use this form to record any known information about your family's medical history. Include as much as information as possible. List any medical problems or issues (e.g. cancer, diabetes, high blood pressure, early death, dementia, miscarriage, autism, glaucoma, birth defects, kidney problems/dialysis, hearing loss, wearing glasses, allergies, asthma, genetic conditions, etc.)

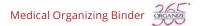
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		FAMILY	MEDICAL	HISTORY	FOR:
V	_	,			

PATERNAL (DAD'S) SIDE	MATERNAL (MOM'S) SIDE
Grandfather (Dad's Dad)	Grandfather (Mom's Dad)
Grandmother (Dad's Mom)	Grandmother (Mom's Mom)
Dad	Mom
Other relatives (sibling, aunt, uncle, cousin, other)	Other relatives (sibling, aunt, uncle, cousin, other)
Other relatives (sibling, aunt, uncle, cousin, other)	Other relatives (sibling, aunt, uncle, cousin, other)
Other relatives (sibling, aunt, uncle, cousin, other)	Other relatives (sibling, aunt, uncle, cousin, other)

DIAGNOSIS TRACKER

MEDICAL DIAGNOSIS	DIAGNOSTICIAN & DATE	TREATMENTS TRIED	RESULTS





MEDICATION TRACKER

MEDICATION PRESCRIBED	PRESCRIBER	EFFECTS	OTHER NOTES (e.g. dates taken, special instructions, effectiveness, etc.)