Georgetown University Hospital

MedStar Health

OUTPATIENT SUMMARY LIST

PLEASE PRINT. PRESS FIRMLY.

GUH 30031200 (1/22/09) (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**	

Date Noted	B. Known Significant Medical Diagnosis & 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**

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