MEDICATION & MEDICAL CONTINUITY SHEET

FORM REVISION	PRIVACY	REVIEW CADENCE
1.0	Private medical information when completed	Review after medication, diagnosis, provider, or device changes

A medical record can become unusable when the portal is unavailable, the usual pharmacy is closed, or a caregiver must explain needs quickly. Keep this sheet current, concise, and protected. It is an information aid—not a prescription, diagnosis, or substitute for professional care.

PERSON AND CARE CONTACTS

Name / preferred name

Date of birth (optional if appropriate)

Primary clinician / practice / phone

Primary pharmacy / phone

Backup pharmacy / phone

Emergency contact / relationship / phone

MEDICATION REGISTER

Medication / generic	Strength	Dose & frequency	Purpose / condition	Prescriber	Refill / notes

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ALLERGIES, DEVICES, AND TIME-SENSITIVE NEEDS

Medication / food / material allergies and reaction

Medical devices or supplies used

Power-dependent equipment and backup plan

Medication requiring refrigeration / temperature plan

Mobility / communication / sensory access needs

Other time-sensitive care information

REVIEW DISCIPLINE

- [ ] Carry or store a protected current copy where it can be found in an emergency.
- [ ] Share only with people who legitimately need the information.
- [ ] Do not alter medication use based only on this worksheet; contact a qualified clinician or pharmacist.
- [ ] Review after medication, allergy, provider, pharmacy, or device changes.

Source basis: Built To Resist medical continuity chapters; CDC prescription preparedness guidance.
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