SCN8A EMERGENCY

MEDICAL FORM

The Cute Syndrome FOUNDATION
www.TheCuteSyndrome.com

PAGE 1

Child's Name : _____ DOB : _____

Address : _____

City : _____ State/Province : _____ Postal Code : _____

Preferred Hospital : _____ **Preferred Pharmacy :** _____

Parent/Guardian Name : _____

Address : _____

Cell #: _____ Work #: _____

Parent/Guardian Name : _____

Address : _____

Cell #: _____ Work #: _____

Primary Ins. : _____ ID # : _____ Group # : _____

Secondary Ins. : _____ ID # : _____ Group # : _____

ALLERGIES (FOOD OR DRUG)

Name : _____ Reaction : _____

Name : _____ Reaction : _____

Name : _____ Reaction : _____

Name : _____ Reaction : _____

Name : _____ Reaction : _____

DOCTORS (SPECIALTY, NAME, PRACTICE, AND PHONE #)

Primary Care : _____

Neurologist : _____

Other : _____

SCN8A EMERGENCY MEDICAL FORM

DIAGNOSIS (I.E. SCN8A, EPILEPSY, DEVELOPMENTAL DELAY, AUTISM, ETC)

PAST SURGERIES

Type : _____ Date : _____

Type : _____ Date : _____

Type : _____ Date : _____

Type : _____ Date : _____

Type : _____ Date : _____

Type : _____ Date : _____

Type : _____ Date : _____

MEDICAL HISTORY (CHRONIC ILLNESSES, RECENT HOSPITAL STAYS OR ER VISITS, ETC)

MEDICAL DEVICES (I.E. VNS, PORT, PACEMAKER, ETC)

MEDICAL EQUIPMENT (I.E. OXYGEN, SUCTION, COUGH ASSIST, ETC)

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ASSISTIVE EQUIPMENT (I.E. WHEELCHAIR, WALKER, HOYER LIFT, BATH CHAIR, ETC)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

RESCUE MEDICATIONS

Name : _____ Given for : _____

Strength : _____ Dose : _____ Frequency : _____

Name : _____ Given for : _____

Strength : _____ Dose : _____ Frequency : _____

Name : _____ Given for : _____

Strength : _____ Dose : _____ Frequency : _____

Name : _____ Given for : _____

Strength : _____ Dose : _____ Frequency : _____

Name : _____ Given for : _____

Strength : _____ Dose : _____ Frequency : _____

DAILY AND PRN MEDICATIONS

Name : _____ Strength : _____ Dose : _____ Frequency : _____

Name : _____ Strength : _____ Dose : _____ Frequency : _____

Name : _____ Strength : _____ Dose : _____ Frequency : _____

Name : _____ Strength : _____ Dose : _____ Frequency : _____

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Name : _____ Strength : _____ Dose : _____ Frequency : _____

SCN8A EMERGENCY MEDICAL FORM

BASELINE PHYSICAL FINDINGS, VITAL SIGNS AND NEUROLOGICAL STATUS (I.E. HISTORY OF LOW BP, NON-VERBAL, NORMAL TEMP -96 DEGREES, ETC)

IMUNIZATIONS

Last Flu Shot : _____

Last Tetanus Shot : _____

Last COVID Shot : _____

☐ **FULL CODE** **-OR-** ☐ **DNR ON FILE**

ANY MISCELLANEOUS INFORMATION

Learn more about SCN8A by visiting thecutesyndrome.com