

URGENT CARE DIRECTIVES

Medications

Date	Drug	Dose/ Frequency

Critical Issues to Monitor

Allergies

Patient Info			
Date			
Height (cm)			
Weight (kg)			
Blood Pressure			

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Patient Information

Patient Name: _____

Medical Condition(s): _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contacts

Name: _____

Relationship: _____

Mobile Number: _____

Home Number: _____

Name: _____

Relationship: _____

Mobile Number: _____

Home Number: _____

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Primary Physician:

Name: _____
Office# _____ Mobile# _____
Fax# _____ Email _____

Specialist:

Name: _____
Office# _____ Mobile# _____
Fax# _____ Email _____

Specialist:

Name: _____
Office# _____ Mobile# _____
Fax# _____ Email _____

The patient above has been diagnosed with

a rare disease or disorder that requires specialized care.

If presenting to your office, clinic, or hospital, please conduct the following tests or labs and email or fax results to medical personnel listed above.

Labs*: _____

Tests*: _____

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Physician Notes: This patient presents with underlying conditions related to their **rare disease**.

Diagnosis:

Classified as a rare disease by NORD (www.rarediseases.org) and EURORDIS (www.eurordis.org), this patient's diagnosis is listed in medical resources available through the National Institutes of Health (NIH at www.ncbi.nlm.nih.gov) with GeneReviews and the diagnosis as search terms.

Symptoms:

Patient SURVEILLANCE (monitor these specific issues)*

Circle Yes or No for each

Central Line: Yes No

Dialysis: Yes No

Transplant: Yes No

***Relay information to the Patient's Medical Team**

To download this form and other tools, visit www.atypicalhus.org and click on the **Grab N Go Toolkit**.