

# PERSONAL MEDICAL RESUME

XXXXXXXX XXXX XXXXXX

Date of Birth: xx/xx/xxxx

## TYPE 1 DIABETES, Insulin Dependent

PLEASE REFER TO THIS DOCUMENT FOR

- CURRENT MEDICATIONS
- MEDICAL HISTORY
- TREATMENT THERAPIES
- PERSONAL/MEDICAL CONTACTS

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Page 1 (back side): Most recent lab results

Page 2 (front side): **My Essential Information Page**

Page 2 (back side): List of advocates and contact PLUS **TYPE 1 DIABETES** wristband

Page 3 (front side): Detailed T1 and Health Management

**Details on how I manage my diabetes and other medical conditions**

Page 3 (back side): Copy of driver license and insurance cards

Page 4 (front side): My Medication List

Page 4 (back side): How and at what times I take my **CRITICAL** medications

Page 5 (front side): List of Health Care Providers

Page 5 (back side): Immunizations

Page 6 (front side): History of Diagnoses and Surgeries

Page 6 (back side): Surgeries

Page 7 (front side): Advance Health Care Directive

Page 7 (back side): Important Contacts (with name, address, contact info)

Page 8 & 9: Google Health Record and Diabetes data charts