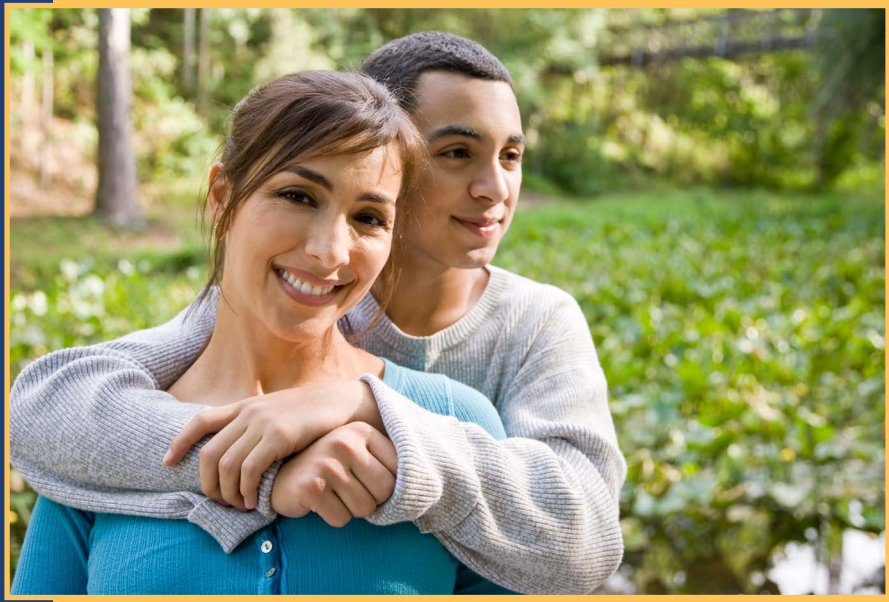
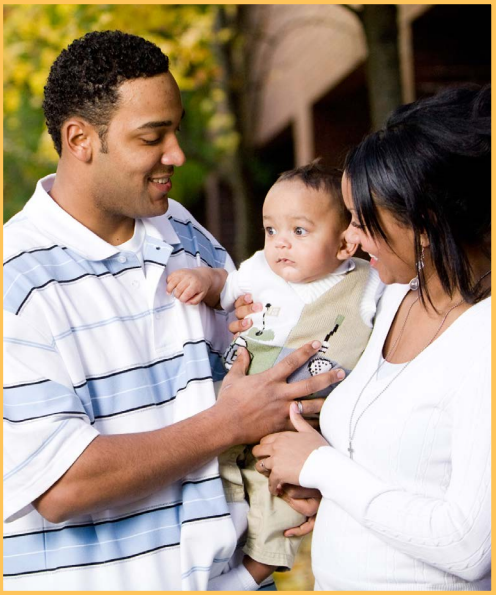
MRO

Medical Records Organizer

for Families





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Introduction

The Medical Records Organizer for Families was specifically designed for military families on the move. It provides a central location for tracking your family's medical records. This is particularly helpful if your family has to relocate to another state or country. The MRO for Families is also designed to help parents who must leave their children in someone else's care during a deployment or mobilization. The person taking care of your child while you are away needs access to information regarding your child's health. The MRO for Families provides a quick and easy way for that person to locate all of the information he or she may need.

To maximize the benefits of the MRO, incorporate other pieces of health-related information, such as information from doctors or even articles that you feel are valuable. The MRO for Families can also be taken to doctor's appointments to keep track of all that is discussed or can be used to keep track of your family members' health appointments.

Please keep in mind that the MRO for Families is not intended to take the place of official medical records for your family. It contains private information such as social security numbers, medical histories and insurance information. To maintain your family's privacy, keep your MRO in a safe, secure place.

The MRO is available in Adobe Acrobat format, allowing you to type information directly into the forms. If you do not have your information readily available, save the MRO and update it later or print the forms you need and fill them out by hand.

If you have any questions or comments about the MRO for Families, please feel free to submit them through the Military OneSource feedback tab and link. The Military OneSource website also provides copies of individual and customizable special care organizational records for children, adults and elderly family members with special health care needs.

Medical Records Organizer for Families

What is the MRO for Families?

The MRO for Families is a tool to help families organize and keep track of their medical records and all related information. The MRO can also be used to list information and contacts in case of an emergency.

How can the MRO help you?

Frequent military moves make it difficult to keep track of health information. The MRO will help you organize this information for quick access. If you have to place your children in someone else's care while you are deployed or mobilized, the MRO will provide that person with quick and easy access to your children's medical history and relevant medical information. The MRO can also be helpful upon the return of a deployed service member, allowing the parent or guardian to be aware of changes in medical information or services during his or her absence.

Uses for the MRO:

- Track changes in your family's medicines or treatments
- List telephone numbers for health care providers and community organizations
- Prepare for appointments
- File information about your family's health history
- Share new information with your family's primary doctors and other care providers
- Make your permanent change of station move easier

Helpful hints for using your family's MRO:

- Keep the MRO where it is easy to find, so it will always be on hand when you need it.
- Keep the MRO as up to date as possible. Add new information to the MRO whenever there is a change in a family member's medical treatment.
- Bring the MRO with you to appointments and hospital visits so that the information you need will be close at hand.

Medical Records Organizer for Families (continued)

How do you set up your family's MRO? Follow these steps:

STEP 1: Gather information you already have.
Gather any health information that you have about your family. This may include reports from recent doctor's visits, immunization records, a summary of a recent hospital stay, test results or informational pamphlets, etc.

STEP 2: Look through the pages of the MRO.
Select the pages that you think will be most beneficial for tracking your family's health and care. Once you have determined what you need, print out those selected pages.

STEP 3: Decide which information is most important to keep in the MRO.
What information do you find yourself looking for often? What information do the care providers need when caring for your family? Include frequently referenced and important information in your portable MRO and additional, less critical information can be stored in a file drawer or box where you can find it if needed.

STEP 4: Put the MRO together.
Organize the MRO in a way that makes the most sense for you and your family. Here are some supplies that may help:

- Three-ring binder or large accordion envelope to hold papers securely
- Tabbed dividers for creating separate sections
- Pocket dividers for storing reports
- Plastic pages for storing business cards and photographs

Things to remember about the MRO:

- While the MRO does contain a lot of your family's medical history and information, it is not intended to replace official medical records.
- The MRO contains private information (for example, social security numbers, insurance information and medical history). It is imperative that you keep it in a safe place.

Family Medical Bill Tracker

Family Medical Bill Tracker

Date	Provider	Amount Billed	Amount Allowed	Amount Paid	Paid by Health Insurance	Family Owes	Debt Paid

Parent's Medical Information — Father

Name:

Date of Birth: SSN: Blood Type:

Address:

Phone: Fax: County:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Primary Care Physician Name:

Address: Phone:

Parent's Medical Information — Father (continued)

Dentist Name:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Notes:

Parent's Medical Information — Father: Health Insurance

Use this link to help find a local TRICARE Service Center:

www.tricare.mil/contactus

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	
TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Parent's Medical Information — Father: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists:

www.tricare.mil/dental/tdp.aspx

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental or physical disabilities and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (**www.tricare.mil/mybenefit**). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Parent's Medical Information — Father: Additional Insurance

Please note all other insurance providers.

Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Parent's Medical Information — Father: Current Medical Diagnoses and Medication

Current Medical Diagnoses

Date	Diagnosis	Notes

Current Medication

Start Date	Stop Date	Medication (brand or generic)	Prescribed By	Dose or Route	Time Given	Reason for Medication

Parent's Medical Information — Father: Significant Illnesses

Date	Illness	Notes

Parent's Medical Information — Father: Surgical Procedures

Date	Surgical Procedures	Notes

Parent's Medical Information — Father: Allergies (for example, food, medications and materials)

Allergen	Allergic Reaction	How to Respond

Parent's Medical Information — Father: Doctor Visits

Date	Seen By	Notes or Updates From Visit

Parent's Medical Information — Father: Health Screening and Tests

Date	Health Screening or Test	Results

Parent's Medical Information — Father: Lab Work or Tests

Date	Test	Result	Comments

Parent's Medical Information — Father: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Parent's Medical Information — Father: Family Medical History

Check the box if one or more family members have had one of these health conditions and note how they are related to your family member.

Condition	Relative	Condition	Relative
☐ Cardiac		☐ Diabetes	
☐ Hypertension		☐ Blood	
☐ Renal		☐ Ear	
☐ Tuberculosis		☐ Thyroid	
☐ Gastro-intestinal		☐ Vision	
☐ Cancer		☐ Psychological	
☐ Allergy		☐ Auto Immune	
☐ Orthopedic		☐ _____	
☐ Lung		☐ _____	

Additional family information:

Name	Date of Birth	Health
Mother:		
Father:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		

Parent's Medical Information — Father: Family Medical History (continued)

List any other health conditions in your family history and the person's relationship to your family member. Attach additional pages as necessary.

Parent's Medical Information — Father: Lifestyle Habits

In this section list any notes regarding your family member's lifestyle habits using the questions below to guide you.

Diet:

a. What does your family member typically eat for each meal?

b. Does your family member eat meals at consistent times throughout the week?

c. Does your family member snack between meals? If so, how often and what does your family member eat for snacks?

Exercise:

a. Has your family member ever exercised?

b. When, for how long and how often?

c. Does your family member currently exercise?

d. How long and how often?

Parent's Medical Information — Father: Lifestyle Habits (continued)

Sleep Habits:

a. How many hours per night does your family member typically sleep?

b. Does your family member regularly have trouble falling asleep or staying asleep?

Stress:

a. Does your family member often feel stressed or under pressure?

b. How often?

Smoking:

a. Has your family member ever smoked?

b. When and how often?

c. Does your family member currently smoke?

d. How often?

Alcohol Consumption:

a. Has your family member previously consumed alcohol?

b. When and how often?

c. Does your family member currently drink alcohol?

d. How often?

e. Does your family member drink socially or when alone?

Parent's Medical Information — Father: Advanced Directive Quick Glance

This is not an advanced directive and should not be used as a legally binding document. Rather, this page provides you with some things to consider when developing an advanced directive. Be sure to include a copy of the official advanced directive with this sheet in the MRO.

Have you spoken about your wishes with your:

☐ **Family** ☐ **Physician(s)** ☐ **Friends**

☐ **Clergy** ☐ **Attorney** ☐ **Case Manager**

Does the person(s) you have appointed to make decisions on your behalf understand your wishes?

○ **Yes** ○ **No**

Have you spoken to this person about your current and future medical care?

○ **Yes** ○ **No**

Is the person(s) you have appointed to make decisions on your behalf aware of your "Do Not Resuscitate Order" if you have one?

○ **Yes** ○ **No**

Have you given a copy of your completed and signed advanced directive to the person(s) you have appointed to make decisions on your behalf?

○ **Yes** ○ **No**

Contact Information

The Person You Have Appointed To Make Decisions On Your Behalf

Name:

Address:

Email:

All Telephone Numbers:

Alternate Person's Contact Information (if applicable)

Name:

Address:

Email:

All Telephone Numbers:

Planning Ahead: Advanced Directive Quick Glance (continued)

Attending Physician's Contact Information

Name:

Address:

Email:

All Telephone Numbers:

Fax:

Secondary Physician's Contact Information (if available):

Name:

Address:

Email:

All Telephone Numbers:

Fax:

Additional Resource:

U.S. Living Will Registry (**www.uslivingwillregistry.com**): This website provides advanced directive information for each state.

Parent's Medical Information — Mother

Name:

Date of Birth: SSN: Blood Type:

Address:

Phone: Fax: County:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Primary Care Physician Name:

Address: Phone:

Parent's Medical Information — Mother (continued)

Dentist Name:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Notes:

Parent's Medical Information — Mother: Health Insurance

Use this link to help find a local TRICARE Service Center:

www.tricare.mil/contactus

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	
TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Parent's Medical Information — Mother: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists:

www.tricare.mil/dental/tdp.aspx

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental or physical disabilities and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (**www.tricare.mil/mybenefit**). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Parent's Medical Information — Mother: Additional Insurance

Please note all other insurance providers.

Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Parent's Medical Information — Mother: Current Medical Diagnoses and Medication

Current Medical Diagnoses

Date	Diagnosis	Notes

Current Medication

Start Date	Stop Date	Medication (brand or generic)	Prescribed By	Dose or Route	Time Given	Reason for Medication

Parent's Medical Information — Mother: Significant Illnesses

Date	Illness	Notes

Parent's Medical Information — Mother: Surgical Procedures

Date	Surgical Procedures	Notes

Parent's Medical Information — Mother: Allergies (for example, food, medications and materials)

Allergen	Allergic Reaction	How to Respond

Parent's Medical Information — Mother: Doctor Visits

Date	Seen By	Notes or Updates From Visit

Parent's Medical Information — Mother: Health Screening and Tests

Date	Health Screening or Test	Results

Parent's Medical Information — Mother: Lab Work or Tests

Date	Test	Result	Comments

Parent's Medical Information — Mother: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Parent's Medical Information — Mother: Family Medical History

Check the box if one or more family members have had one of these health conditions and note how they are related to your family member.

Condition	Relative	Condition	Relative
☐ Cardiac		☐ Diabetes	
☐ Hypertension		☐ Blood	
☐ Renal		☐ Ear	
☐ Tuberculosis		☐ Thyroid	
☐ Gastro-intestinal		☐ Vision	
☐ Cancer		☐ Psychological	
☐ Allergy		☐ Auto Immune	
☐ Orthopedic		☐ _____	
☐ Lung		☐ _____	

Additional family information:

Name	Date of Birth	Health
Mother:		
Father:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		

Parent's Medical Information — Mother: Family Medical History (continued)

List any other health conditions in your family history and the person's relationship to your family member. Attach additional pages as necessary.

Parent's Medical Information — Mother: Lifestyle Habits

In this section list any notes regarding your family member's lifestyle habits using the questions below to guide you.

Diet:

a. What does your family member typically eat for each meal?

b. Does your family member eat meals at consistent times throughout the week?

c. Does your family member snack between meals? If so, how often and what does your family member eat for snacks?

Exercise:

a. Has your family member ever exercised?

b. When, for how long and how often?

c. Does your family member currently exercise?

d. How long and how often?

Parent's Medical Information — Mother: Lifestyle Habits (continued)

Sleep Habits:

a. How many hours per night does your family member typically sleep?

b. Does your family member regularly have trouble falling asleep or staying asleep?

Stress:

a. Does your family member often feel stressed or under pressure?

b. How often?

Smoking:

a. Has your family member ever smoked?

b. When and how often?

c. Does your family member currently smoke?

d. How often?

Alcohol Consumption:

a. Has your family member previously consumed alcohol?

b. When and how often?

c. Does your family member currently drink alcohol?

d. How often?

e. Does your family member drink socially or when alone?

Parent's Medical Information — Mother: Advanced Directive Quick Glance

This is not an advanced directive and should not be used as a legally binding document. Rather, this page provides you with some things to consider when developing an advanced directive. Be sure to include a copy of the official advanced directive with this sheet in the SCOR.

Have you spoken about your wishes with your:

☐ **Family** ☐ **Physician(s)** ☐ **Friends**

☐ **Clergy** ☐ **Attorney** ☐ **Case Manager**

Does the person(s) you have appointed to make decisions on your behalf understand your wishes?

○ **Yes** ○ **No**

Have you spoken to this person about your current and future medical care?

○ **Yes** ○ **No**

Is the person(s) you have appointed to make decisions on your behalf aware of your "Do Not Resuscitate Order" if you have one?

○ **Yes** ○ **No**

Have you given a copy of your completed and signed advanced directive to the person(s) you have appointed to make decisions on your behalf?

○ **Yes** ○ **No**

Contact Information

The Person You Have Appointed To Make Decisions On Your Behalf

Name:

Address:

Email:

All Telephone Numbers:

Alternate Person's Contact Information (if applicable)

Name:

Address:

Email:

All Telephone Numbers:

Planning Ahead: Advanced Directive Quick Glance (continued)

Attending Physician's Contact Information

Name:

Address:

Email:

All Telephone Numbers:

Fax:

Secondary Physician's Contact Information (if available):

Name:

Address:

Email:

All Telephone Numbers:

Fax:

Additional Resource:

U.S. Living Will Registry (**www.uslivingwillregistry.com**): This website provides advanced directive information for each state.

Children's Medical Information — Child 1

Name:

Date of Birth: SSN: Blood Type:

Address:

Phone: Fax: County:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Primary Care Physician Name:

Address: Phone:

Children's Medical Information — Child 1 (continued)

Dentist Name:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Notes:

Children's Medical Information — Child 1: Birth and Delivery

Date of Birth:

Place of Birth:

Time of Birth: Weight at Birth: Length at Birth:

Doctor at Delivery:

Type of Delivery:

Any Complications at Birth:

Other Notes About the Birth:

Children's Medical Information — Child 1: Growth and Development

Date	Age	Height	Weight	Head Circumference	Major Developmental Milestones (for example, crawls, talks and walks)

Children's Medical Information — Child 1: Allergies (for example, food, medications and materials)

Allergen	Allergic Reaction	How to Respond or Who to Contact

Children's Medical Information — Child 1: Doctor Visits

Date	Seen By	Notes or Updates From Visit

Children's Medical Information — Child 1: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Children's Medical Information — Child 1: Lab Work or Tests

Date	Test	Result	Comments

Children's Medical Information — Child 1: Immunization Records

Include the date when the listed immunizations were received. Use the remaining blocks at the bottom as necessary.

DtaP	1.	2.	3.	4.	5.
DT	1.	2.			
Polio	1.	2.	3.	4.	
HIB	1.	2.	3.	4.	
Prevnar	1.	2.	3.	4.	
MMR	1.	2.			
Varicella	1.				
HBV	1.	2.	3.		
TB					
Flu					
Other					
Other					
Other					

Below, note any reactions to shots or immunizations.

Shot or Immunization	Reaction	Treatment

Children's Medical Information — Child 1: Current Medical Diagnoses and Medication

Current Medical Diagnoses

Date	Diagnosis	Notes

Current Medication

Start Date	Stop Date	Medication (brand or generic)	Prescribed By	Dose or Route	Time Given	Reason for Medication

Children's Medical Information — Child 1: Appointment Log

Date	Provider	Reason Seen or Care Provided	Next Appointment

Children's Medical Information — Child 1: Significant Illnesses

Date	Illness	Notes

Children's Medical Information — Child 1: Surgical Procedures

Date	Surgical Procedures	Notes

Children's Medical Information — Child 1: Care Providers

Primary Care Manager:

Military Treatment Facility:

Address:

Email: Phone: Fax:

Civilian Hospital:

Address:

Email: Phone: Fax:

Dentist:

Address:

Email: Phone: Fax:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Children's Medical Information — Child 1: Child Care and School

Note: Put any report cards or school-related forms in this section.

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 1: Child Care and School (continued)

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 1: Health Insurance

Use this link to help find a local TRICARE Service Center:

www.tricare.mil/contactus

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	
TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Children's Medical Information — Child 1: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists:

www.tricare.mil/dental/tdp.aspx

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Orthodontist:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental, or physical disabilities and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (**www.tricare.mil/mybenefit**). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Children's Medical Information — Child 1: Additional Insurance

Please note all other insurance providers.

Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Children's Medical Information — Child 2

Name:

Date of Birth: SSN: Blood Type:

Address:

Phone: Fax: County:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Primary Care Physician Name:

Address: Phone:

Children's Medical Information — Child 2 (continued)

Dentist Name:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Notes:

Children's Medical Information — Child 2: Birth and Delivery

Date of Birth:

Place of Birth:

Time of Birth: Weight at Birth: Length at Birth:

Doctor at Delivery:

Type of Delivery:

Any Complications at Birth:

Other Notes About the Birth:

Children's Medical Information — Child 2: Growth and Development

Date	Age	Height	Weight	Head Circumference	Major Developmental Milestones (for example, crawls, talks and walks)

Children's Medical Information — Child 2: Allergies (for example, food, medications and materials)

Allergen	Allergic Reaction	How to Respond or Who to Contact

Children's Medical Information — Child 2: Doctor Visits

Date	Seen By	Notes or Updates From Visit

Children's Medical Information — Child 2: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Children's Medical Information — Child 2: Lab Work or Tests

Date	Test	Result	Comments

Children's Medical Information — Child 2: Immunization Records

Include the date when the listed immunizations were received. Use the remaining blocks at the bottom as necessary.

DtaP	1.	2.	3.	4.	5.
DT	1.	2.			
Polio	1.	2.	3.	4.	
HIB	1.	2.	3.	4.	
Prevnar	1.	2.	3.	4.	
MMR	1.	2.			
Varicella	1.				
HBV	1.	2.	3.		
TB					
Flu					
Other					
Other					
Other					

Below, note any reactions to shots or immunizations.

Shot or Immunization	Reaction	Treatment

Children's Medical Information — Child 2: Current Medical Diagnoses and Medication

Current Medical Diagnoses

Date	Diagnosis	Notes

Current Medication

Start Date	Stop Date	Medication (brand or generic)	Prescribed By	Dose or Route	Time Given	Reason for Medication

Children's Medical Information — Child 2: Appointment Log

Date	Provider	Reason Seen or Care Provided	Next Appointment

Children's Medical Information — Child 2: Significant Illnesses

Date	Illness	Notes

Children's Medical Information — Child 2: Surgical Procedures

Date	Surgical Procedures	Notes

Children's Medical Information — Child 2: Care Providers

Primary Care Manager:

Military Treatment Facility:

Address:

Email: Phone: Fax:

Civilian Hospital:

Address:

Email: Phone: Fax:

Dentist:

Address:

Email: Phone: Fax:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Children's Medical Information — Child 2: Child Care and School

Note: Put any report cards or school-related forms in this section.

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 2: Child Care and School (continued)

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 2: Health Insurance

Use this link to help find a local TRICARE Service Center:

www.tricare.mil/contactus

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	
TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Children's Medical Information — Child 2: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists:

www.tricare.mil/dental/tdp.aspx

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Orthodontist:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental, or physical disabilities and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (**www.tricare.mil/mybenefit**). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Children's Medical Information — Child 2: Additional Insurance

Please note all other insurance providers.

Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Children's Medical Information — Child 3

Name:

Date of Birth: SSN: Blood Type:

Address:

Phone: Fax: County:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Emergency Contact Name:

Relationship: Phone:

Primary Care Physician Name:

Address: Phone:

Children's Medical Information — Child 3 (continued)

Dentist Name:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Specialist Name:

Type of Specialty:

Address: Phone:

Notes:

Children's Medical Information — Child 3: Birth and Delivery

Date of Birth:

Place of Birth:

Time of Birth: Weight at Birth: Length at Birth:

Doctor at Delivery:

Type of Delivery:

Any Complications at Birth:

Other Notes About the Birth:

Children's Medical Information — Child 3: Growth and Development

Date	Age	Height	Weight	Head Circumference	Major Developmental Milestones (for example, crawls, talks and walks)

Children's Medical Information — Child 3: Allergies (for example, food, medications and materials)

Allergen	Allergic Reaction	How to Respond or Who to Contact

Children's Medical Information — Child 3: Doctor Visits

Date	Seen By	Notes or Updates From Visit

Children's Medical Information — Child 3: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Children's Medical Information — Child 3: Lab Work or Tests

Date	Test	Result	Comments

Children's Medical Information — Child 3: Immunization Records

Include the date when the listed immunizations were received. Use the remaining blocks at the bottom as necessary.

DtaP	1.	2.	3.	4.	5.
DT	1.	2.			
Polio	1.	2.	3.	4.	
HIB	1.	2.	3.	4.	
Prevnar	1.	2.	3.	4.	
MMR	1.	2.			
Varicella	1.				
HBV	1.	2.	3.		
TB					
Flu					
Other					
Other					
Other					

Below, note any reactions to shots or immunizations.

Shot or Immunization	Reaction	Treatment

Children's Medical Information — Child 3: Current Medical Diagnoses and Medication

Current Medical Diagnoses

Date	Diagnosis	Notes

Current Medication

Start Date	Stop Date	Medication (brand or generic)	Prescribed By	Dose or Route	Time Given	Reason for Medication

Children's Medical Information — Child 3: Appointment Log

Date	Provider	Reason Seen or Care Provided	Next Appointment

Children's Medical Information — Child 3: Significant Illnesses

Date	Illness	Notes

Children's Medical Information — Child 3: Surgical Procedures

Date	Surgical Procedures	Notes

Children's Medical Information — Child 3: Care Providers

Primary Care Manager:

Military Treatment Facility:

Address:

Email: Phone: Fax:

Civilian Hospital:

Address:

Email: Phone: Fax:

Dentist:

Address:

Email: Phone: Fax:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Specialist and Specialty:

Address:

Email: Phone: Date of First Visit:

Children's Medical Information — Child 3: Child Care and School

Note: Put any report cards or school-related forms in this section.

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Child Care Provider: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 3: Child Care and School (continued)

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Preschool or School: Start Date:

Contact Person:

Address:

Email: Phone: Fax:

Children's Medical Information — Child 3: Health Insurance

Use this link to help find a local TRICARE Service Center:

www.tricare.mil/contactus

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	
TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Children's Medical Information — Child 3: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists:

www.tricare.mil/dental/tdp.aspx

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Orthodontist:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental, or physical disabilities and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (**www.tricare.mil/mybenefit**). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Children's Medical Information — Child 3: Additional Insurance

Please note all other insurance providers.

Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person and Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Other Resources

Military OneSource: www.militaryonesource.mil
Military OneSource provides information and resources to help balance work and family life. Consultants are available twenty-four hours a day, seven days a week by phone, online or via email offering personalized support to any service or family member.

TRICARE: www.tricare.mil
The TRICARE website provides information about military health plans, military treatment facilities and other TRICARE resources.

Acronym Index

Use the table below to list any acronyms that you may need to remember.

Acronym	Meaning

Acronym Index (continued)

Acronym	Meaning

Military OneSource

A comprehensive, no-cost benefit for you and your family, providing confidential non-medical counseling, financial and tax services, childhood services, adult and elder care information and referral, health and wellness coaching and more!

Military OneSource

Call. 800-342-9647 *Click.* MilitaryOneSource.mil *Connect.* 24/7