



# Patient Summary

(1 of 2)

**Wish Child**

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*First Name*

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*Last Name*

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*Arrival Date*

\_\_\_\_\_  
*Wish Child*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Attending Physician*

\_\_\_\_\_  
*Emergency Number*

\_\_\_\_\_  
*Business Number*

### Patient Information

1. Diagnosis: \_\_\_\_\_

2. Will the child require any medical services while they are in Orlando?  YES  NO

If "Yes," please elaborate if necessary: \_\_\_\_\_

\_\_\_\_\_

3. Will the child require any of the following:

Wheelchair (*specify if electric*): \_\_\_\_\_

Oxygen (*specify rate*): \_\_\_\_\_

Nursing Services (*specify number of hours per day*): \_\_\_\_\_

Transfusions

X-Ray

Lab

4. Overall current medical condition of the child: \_\_\_\_\_

\_\_\_\_\_

5. Current medications (*please list type and dosage*): \_\_\_\_\_

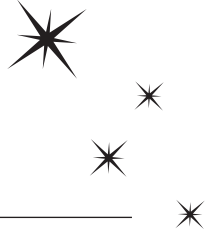
\_\_\_\_\_

6. Medications contraindicated: \_\_\_\_\_

\_\_\_\_\_

7. Allergies: \_\_\_\_\_

\_\_\_\_\_



8. Date of last treatment: \_\_\_\_\_

9. On study: \_\_\_\_\_

10. Does patient have a "Do Not Resuscitate" (DNR) order?  YES  NO

11. In the event that the child needs to be transported to a hospital, do you have a preference? *(Check all that apply.)*

- Nemours Children's Hospital (18.2 mi)
- Arnold Palmer Hospital for Children (21.7 mi)
- Florida Hospital for Children (24.8 mi)
- Florida Hospital Celebration Health (8.1 mi)

Other: \_\_\_\_\_

\_\_\_\_\_  
**Completed by**

\_\_\_\_\_  
**Date**