



# 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): \_\_\_\_\_

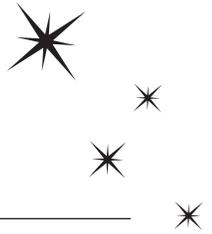
\_\_\_\_\_

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**