Working Daughter

Use this checklist to put together a complete record of your parent's medical history.

Full name _____
Date of birth _____
Blood type _____
Allergies _____
Primary care physician (name and phone) _____
Other Drs. currently providing care (name and phone) _____
_____
_____
Last flu shot _____
COVID vaccination type and date _____
Existing health problems _____
Past surgeries (with dates) _____
_____
Past hospitalizations (dates and reasons) _____
_____
_____
External aids (glasses, hearing aids, cane, dentures) _____
Dentist (name and phone) _____
Organ donor (yes or no) _____