Patient Passport:
Health History Briefing Sheet

Like when you travel to another country, take this passport with you when you travel to doctors appointments. Complete this consolidated medical briefing sheet designed to provide physicians with a comprehensive summary of diagnoses, care teams, ongoing symptoms, and active care goals.

Patient Information

- **Patient Name:**
- **Date of Birth:**
- **Document Last Updated:**

Section 1: Official Diagnoses (Customize this list to fit your medical history, some examples of what to include are provided below)

- **Autonomic & Cardiac:** (e.g., POTS, Dysautonomia), Diagnosed by: (Specialist/Clinic), Date
- **Connective Tissue & Joint:** (e.g., Hypermobile Ehlers-Danlos Syndrome (hEDS), Diagnosed by: (Specialist/Clinic), Date
- **Pain & Neurological:** (e.g., Fibromyalgia, Migraines), Diagnosed by: (Specialist/Clinic), Date
- **Gastrointestinal:** (e.g., IBS-C, Acid Reflux, Gastroparesis), Diagnosed by: (Specialist/Clinic), Date
- **Pulmonary & Sleep:** (e.g., Mild Obstructive Sleep Apnea, Restless Leg Syndrome), Diagnosed by: (Specialist/Clinic), Date
- **Gynecological & Hormonal:** (e.g., Secondary Dysmenorrhea, PMDD), Diagnosed by: (Specialist/Clinic), Date
- **Hematology & Immune:** (e.g., Anemia, Blood Clotting Disorder, MCAS), Diagnosed by: (Specialist/Clinic), Date

Section 2: Ongoing Active Health Struggles (Customize this list to fit your medical history, some examples of what to include are provided below)

- **Autonomic & Position:** (eg. Severe dizziness upon standing, lightheadedness, dyspnea going upstairs, excessive sweating)
- **Pain & Joint Dynamics:** (eg. Chronic joint pain and cracking across toes, ankles, knees, hips, wrists, shoulders, neck)
- **Gastrointestinal & Mucosal:** (eg. Chronic stomach pain, severe cramping, constipation, acid reflux, recurrent throat/ear inflammation)
- **Sleep & Energy:** (eg. Persistent fatigue, morning exhaustion, restless legs (high kick count), dry eyes/mouth)

Section 3: Patient History & Clinical Timeline

This section should include: any major health notes, the onset of chronic symptoms, doctor / specialist evaluations, and all medical tests. As your medical journey progresses, it becomes challenging to remember what happened when. Document it!

Color-Coding Key: Red = Procedure & Result, **Yellow** = Injury, **Green** = Medication, **Purple** = Diet & Supplements, **Blue** = Vitals (B.P.) / Measurements (Height & Weight)

- (eg. 10/01/2015 Cough: Zyrtec, Dymista, Ventolin HFA 100 lbs/5'2")
- (eg. 11/16/2016 Referral to Dermatology, Albuterol, Azithromycin 120 lbs/5'6")
- (eg. 12/20/2016 Egd/Colo w/ biopsy, began Celiac diet protocol 120 lbs/5'7")
- (MM/DD/YYYY):
- (MM/DD/YYYY):
- (MM/DD/YYYY):
- (MM/DD/YYYY):

Section 4: Multi-Disciplinary Care Team & Specialists (Customize this list to include all of your doctors and specialists)

- **Pediatrician / PCP:** (Dr. Name), (Clinic Network), (Phone Number)
- **Gastroenterology:** (Dr. Name), (Clinic Network), (Phone Number)
- **Rheumatology:** (Dr. Name), (Clinic Network), (Phone Number)
- **Neurology:** (Dr. Name), (Clinic Network), (Phone Number)
- **Pulmonology / Sleep:** (Dr. Name), (Clinic Network), (Phone Number)
- **Gynecology:** (Dr. Name), (Clinic Network), (Phone Number)
- **Psychiatry:** (Dr. Name), (Clinic Network), (Phone Number)
- **Integrative Medicine:** (Dr. Name), (Clinic Network), (Phone Number)
- **Cardiology:** (Dr. Name), (Clinic Network), (Phone Number)
- **Adolescent Medicine / Specialist Clinic:** (Dr. Name), (Clinic Network), (Phone Number)

Section 5: Next Steps & Immediate Care Plan (This is your To Do list, so that neither you nor your care giver forget important action items)

- **(eg. CPAP / Sleep Trial:** Evaluate trial for fatigue and sleep apnea)
- **(eg. Labs & Protocol Review:** Re-evaluate bloodwork alongside current supplements and dietary changes)
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