FAMILY MATTERS
ESSENTIALS

# MEDICAL RECORDS

## What is this Family Matters MEDICAL organiser?

As individuals, we all visit various doctors and are prescribed medications - allopathy / ayurved / homeopathy / any other. Most doctors nowadays give their prescriptions in their own files.
FM MEDICAL helps us compile these various reports and prescriptions in an organised manner with appropriate section separators, along with important contacts we need from time to time.

## How to use FM MEDICAL organiser?

1. Take a colour print-out at home on thick A4 sheets (ideally 80/100 gsm) for each family member.
2. Purchase a good quality laminated file per member from your nearby stationery shop. And label them with the member's name.
3. Fill up your Profile page and Medical Contacts carefully and legibly.
4. Your Medical History page must have correct and accurate data too.
5. Label the 3 blank separators as per the patient's medical requirements.
6. File a photocopy of your **LATEST** prescriptions under each separator as applicable. Let the original papers remain in the doctor's file.

That's it!

## Benefits of FM MEDICAL organiser:

1. During regular visits, this single file will come in handy and save time.
2. At times of any medical emergency:
   - a family member / your neighbour or relative can find required medical contact info
   - under pressure, hunting for all important medical information spread across various files becomes a tough and irritating task
   - an unknown doctor if visited to will be able to access all your latest records, allergies, etc.
   - delays in reaching a hospital can be hopefully avoided too.

Your children living in the same house at times at not aware of your daily medication too.
FM Medical file will hopefully help eliminate such required info.

**Note:** Please keep your medical papers in the FM MEDICAL file regularly updated.

Best Wishes,

Team #SAvings

savings is the financial advisory division of SudeepAudio.com LLP, Mumbai.

savings

FAMILY MATTERS

ESSENTIALS

# MEDICAL RECORDS

| My Name | |
|---|---|

## My Profile

| | |
|---|---|
| Name | |
| Gender | |
| Date of Birth | |

## My Address

| | | | |
|---|---|---|---|
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Landmark (if any) | | | |
| Village / Town / City | | Pincode | |
| State | | Country | |

## My Contact Details

| | | | |
|---|---|---|---|
| Residence Phone | | | |
| Mobile 1 | | Mobile 2 | |
| Email id | | | |

## In case of any Emergency, please call

| Name | Phone Number(s) |
|---|---|
| 1. | |
| 2. | |
| 3. | |

# MEDICAL CONTACTS

| My Name | |
|---|---|

## Emergency Contacts

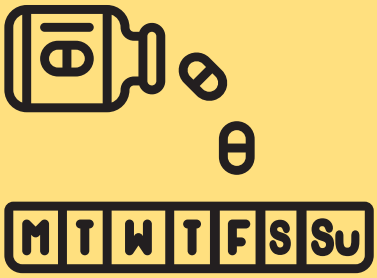
| | |
|---|---|
| Ambulance(s) | |
| Mediclaim | |

| Purpose | Name of Person/Service/Store | Address & Phone Number(s) |
|---|---|---|
| Doctor 1 | | |
| Doctor 2 | | |
| Doctor 3 | | |
| Medical Store 1 | | |
| Medical Store 2 | | |
| Pathological Lab 1 | | |
| Pathological Lab 2 | | |
| X-Ray / Sonogaphy / MRI | | |
| Physiotherapist | | |
| Wardboy / Nurse Agency 1 | | |
| Wardboy / Nurse Agency 2 | | |
| Medical Equipment Hire | | |

# MEDICAL HISTORY

| | |
|---|---|
| **My Name** | |
| **My Blood Group** | |
| **Surgeries in the past** (if any) | |
| **Drug Allergies** (if any) | |
| **Food Allergies** (if any) | |
| **Any known conditions** (e.g.: Hypertension, diabetes, implants, etc.) | |

**Important Medical Notes** (if any)



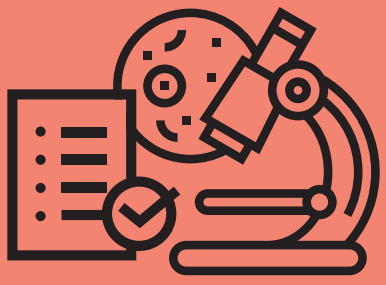

# CURRENT DAILY MEDICATION

| My Name | |
|---|---|

savings

# GENERAL PRESCRIPTIONS

| My Name | |
|---|---|



# PATHOLOGY REPORTS

| My Name | |
|---|---|

savings

# EYE REPORTS

| My Name | |
|---|---|

savings

# DENTAL REPORTS

| My Name | |
|---|---|

savings

| My Name | |
|---|---|

Put your title to this separator for any specific condition you may have

| My Name | |
|---|---|

Put your title to this separator for any specific condition you may have

| My Name | |
|---|---|

Put your title to this separator for any specific condition you may have

FRONT

FAMILY MATTERS

Photo

Name:

Address:

City: Pincode:

Emergency Contact:

Fold

Another Emergency Contact:

Mediclaim Company:

Doctor Contact:

Suffering From:

Immediate Medicine (if any)

Medicine Allergies:

Blood Group:

FRONT

FAMILY MATTERS

Photo

Name:

Address:

City: Pincode:

Emergency Contact:

Fold

Another Emergency Contact:

Mediclaim Company:

Doctor Contact:

Suffering from:

Immediate Medicine (if any)

Medicine Allergies:

Blood Group:

# EMERGENCY ID CARD

1. These are 2 emergency cards that carry your critical information.
2. Fill it up very neatly and carefully in permanent, non-washable ink.
3. Keep one card on your body always.
4. Keep the other filled card with your spouse / child.

savings

savings

FAMILY MATTERS

ESSENTIALS

www.familymatters.co.in

**Design : Jigna Shah Oza** **Concept : Aditya Mehta**