



Creating a Medical Binder

Being organized is one of the best ways to help yourself once your child has been diagnosed with a medical condition. When you first hear the words, “Your child has _____” your head starts to swim. Everything gets foggy and you can barely put one foot in front of the other, let alone keep track of diagnoses, medications, appointments, etc. This binder will help you organize all those things plus more so you can spend more time enjoying precious time with your son or daughter.

What You’ll Need:

A heavy 3-ring binder

A 1.5” binder is a good size to start. This size will allow you to easily access the pages and have room for a calendar. It will look big at first but you won’t believe how quickly you’ll fill it up.

Colored tab dividers

I like these to be erasable. I think 8 is the minimum number you will need. If you have a lot of specialists, you will need more. It’s easy to erase and reorganize them. Put the categories you will be accessing the most in the front so you aren’t always having to flip to the back. Once the binder is full it will make a difference.

Some starting categories:

- Quick Info
- Doctors
- Medications
- Medical history
- Upcoming Surgery/Admits (detailed info)
- Specialist(s)
- Test Results
- Durable Medical Equipment Providers
- Insurance (keep copies of all correspondence, denial of claims, appeal letters, explanations of benefits)
- Articles and research

Loose leaf paper

Perfect for note-taking at appointments, jotting down questions you have for each doctor. You can file them in the appropriate category so when you arrive at a doctor your questions are all in one place.

Business card pages

At every doctor’s office, *ask for a business card*. Keep a card from every doctor you visit even if you ultimately decide not to return to them. If you have had any consultation or bloodwork there, you should have a card. That way, you will always have contact information when filling out forms at each doctor’s office.

CD holders

At CT, MRI or other imaging tests, ask them to burn a CD for your records. Hospitals are used to making copies for patients these days and often don't charge for it. *Keep one copy for yourself of each test that you do not give away.*

Calendar

I suggest a 3-hole calendar to keep in your binder. This will serve not only to keep all of your appointments in one place but also allow you to put reminders of when you need to have follow-up visits. Sometimes doctor's offices do not have their schedules set 3, 6, or 12 months in advance. You can put a reminder notice to yourself in the appropriate month to call ahead to check/schedule the appointment.

Sticky note tabs

These can be used to easily identify important papers that you will refer to often.

Page Protectors

These are clear plastic sleeves that you access from the top. They can be useful for storing prescriptions or small notes that your doctor may give you. The sleeves make them easy to see/find and you won't lose the small slips of paper. Also a good place to store any lab orders that might be given to you ahead of time.

All of the information given here is merely a suggestion and should be used as a starting place as you create your own medical binder. Please change, add, or take away any details, pages, etc as you see fit as each person has different needs. Individualize it as much as possible, and keep it close and updated as often as possible.

Happy organizing!

'S

Medical Binder

CONFIDENTIAL

Full Name: _____

Medical Binder

(Insert Picture)

DOB _____

Parents: _____

_____ (Mom Cell) _____ (Dad Cell)

Address

DIAGNOSES

Quick blurb about _____:

****If _____ needs medical treatment-transport him to
_____ ASAP****

Blood Type: _____

Allergies: _____

Insurance(s): _____ (copy of card(s) in binder)

's Previous

Medical History

Diagnoses & Dates:

-
-
-

Date: Procedure/Admit: Quick Description:	Date: Procedure/Admit: Quick Description:
Date: Procedure/Admit: Quick Description:	Date: Procedure/Admit: Quick Description:
Date: Procedure/Admit: Quick Description:	Date: Procedure/Admit: Quick Description:
Date: Procedure/Admit: Quick Description:	Date: Procedure/Admit: Quick Description:
Date: Procedure/Admit: Quick Description:	Date: Procedure/Admit: Quick Description:

's Surgeries/Procedures

Surgery/Procedure: _____

Date: _____ Doctor: _____

Reason: _____

Hospital Admit: YES NO How long in hospital: _____

Outcome/Results: _____

Complications: _____

Notes: _____

HOSPITAL ADMITS

Date Admitted: _____ Date Discharged: _____

Illness or Surgery

Admitted For:

Tests Run/Bloodwork/Results:

Complications: _____

Doctor that admitted: _____

Doctor that discharged: _____

Notes: _____

Discharge paper attached? YES NO

_____ 's Doctor Appointments

Doctor: _____ Phone Number: _____

Specialty: _____

<u>Date & Time</u>	<u>Notes</u>	<u>Tests?</u>	<u>Next appt?</u>	

_____ 's Doctor Appointments

Doctor: _____ Phone Number: _____

Specialty: _____

<u>Date & Time</u>	<u>Notes</u>	<u>Tests?</u>	<u>Next appt?</u>	

DURABLE MEDICAL EQUIPMENT PROVIDERS

DME Company: _____
Supply: _____
Contact Name: _____
Phone #: _____
City: _____ Shipment Frequency: _____

~~~~~  
DME Company: \_\_\_\_\_  
Supply: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ Shipment Frequency: \_\_\_\_\_

~~~~~  
DME Company: _____
Supply: _____
Contact Name: _____
Phone #: _____
City: _____ Shipment Frequency: _____

~~~~~  
DME Company: \_\_\_\_\_  
Supply: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ Shipment Frequency: \_\_\_\_\_

~~~~~  
DME Company: _____
Supply: _____
Contact Name: _____
Phone #: _____
City: _____ Shipment Frequency: _____

INSURANCE PAPERWORK