



Personal Information

Name: Mr. Jonathan L. Jones (Jon)
Address: 6512 Andrew Court
Dallas, TX 75201 US
Home/Cell: 000-000-0000 / 000-000-0000
Work: 000-000-0000 ext. 000
Gender: M
Birth Date: 1961-02-15
Marital Status: Married
Blood Type: O+

Emergency Contact Information

Contact Name	Priority	Work Phone	Home Phone	Cell Phone	Relationship	State
Sarah Jones	1	000-000-0000	000-000-0000	000-000-0000	Wife	TX
James Jones	2		000-000-0000	000-000-0000	Son	TX
Michael Jones	3	000-000-0000	000-000-0000	000-000-0000	Brother	TX

Care Information

Medications

Name	Prescriber	Start Date	Stop Date	Reason For Taking
Simvastatin	Dr. John Rivers	2002-06-06	0000-00-00	Lower Cholesterol
Diltiazem	Dr. John Rivers	2002-06-06	0000-00-00	Blood Pressure
Spironolactone	Dr. John Rivers	2002-10-10	0000-00-00	Fluid Retention
Lisinpril	Dr. John Rivers	2002-06-06	0000-00-00	Heart
St Joseph Asprin	Dr. John Rivers	2002-06-06	0000-00-00	Heart

Providers

Name	Provider Type	Specialist	Practice Name	Phone Number
Dr. John Rivers	Primary	Internists	Internal Medicine Specialists	000-000-0000
Dr. Craig Williams		Cardiologist	Heart Care	000-000-0000
Dr. Edward Miller		Dermatologist	Miller & Michaels	000-000-0000
Dr. Kevin Lane		Allergist	Allergy Center of Dallas	000-000-0000
Dr. Aidan O'Neil		Ophthalmologists	Vision Center	000-000-0000

Pharmacies

Name	City	Phone Number
Dallas Pharmacy #5	Dallas	000-000-0000
Super Store	Dallas	000-000-0000

Treatment Locations

Facility Name	Phone Number	Ext	City	State	Zip Code
Internal Medicine	000-000-0000		Dallas	TX	75201
University Hospital	000-000-0000		Dallas	TX	75201
Vision Center of Dallas	000-000-0000		Dallas	TX	75201
Ambulatory Surgery Center	000-000-0000	000	Dallas	TX	75201

Insurance

Type	Company Name	Company Phone Number
Health	Healthcare Insurance Company	000-000-0000
Dental	Dental Care One	000-000-0000
Vision	Vision Care One	000-000-0000
Travel Health	Global Health Care	000-000-0000

Tracking Health

Allergies

Name	Date	Severity	Reaction
Penicillin	1970-01-05	Moderate	Skin peels
Codeine	1985-01-18	Moderate	Rash

Immunizations

Name	Date Received	Method	Reaction
Influenza (flu)	2007-10-15	Injection	None
Pneumococcal pneumonia	2005-09-10	Injection	None
Tetanus (lockjaw) booster	2006-05-12	Injection	Minor rash near shot area

Medical Events

Name	Start Date	Stop Date	Outcome
Pneumonia	2005-02-10	2005-02-11	Full recovery
Sleep Apnea	2003-04-22	0000-00-00	CPAP required
Cataract Surgery Rig	2007-00-00	0000-00-00	

Tests

Name	Date Recorded	Location	Provider	Results
Sleep Test	2003-04-21	University Hospital	Dr. John Rivers	Sleep Apnea confirmed

Vision

Date Recorded	Location	Provider	Right Eye	Left Eye	Right Bifocal	Left Bifocal
2007-12-10	Vision Center	Dr. Aidan O'Neil	20/20	20/20		

Medical Devices

Date Received	Device Name	Manufacturer	Model	Serial Number	Provider	Device Location
2007-07-19	Eye Lens	Alcon Labs	SA60AT	0000000.000	Dr. Aidan O'Neil	Right Eye
2007-07-23	Eye Lens	Alcon Labs	SA60AT	000000000.00	Dr. Aidan O'Neil	Left Eye

Blood Pressure

Date Recorded	Time Recorded	Systolic	Diastolic
2007-01-12	10:00 AM	120	80
2007-06-14	00:00:02	120	80
2006-01-14	00:00:00	120	80
2006-06-10	00:00:00	120	80
2008-01-15	00:00:00	120	80

Body Temperature

Date Recorded	Time Recorded	Body Temperature	Measure	Method
2006-01-14	8 am	98.6	F	Mouth
2006-06-10	00:00:00	98.6	F	Mouth
2007-01-12	00:00:00	98.6	F	Mouth
2007-06-14	00:00:00	98.6	F	Mouth
2008-01-15	00:00:00	98.6	F	Mouth

Body Weight Height

Date Recorded	Weight	Height
2008-01-01	188	5' 10"

Heart Rate

Date Recorded	Time Recorded	Heart Rate
2008-01-15	4:PM	85
2007-06-14	00:00:00	85

Blood Sugar

Date Recorded	Time Recorded	Method	Blood Sugar Count
2008-01-15	9:30 AM	ClinicalLabTest	100

Cholesterol

Date Recorded	Triglycerides	HDL	LDL	Total
2008-01-14	137	30	58	

Pain Information

Date Recorded	Time Recorded	Frequency	Pain Level
2008-01-15	00:00:00	Sporadic	Low