



ORLANDO HEALTH®

1414 Kuhl Ave. • Orlando, FL 32806

SUMMARY LIST

Page ____ of ____

LINE UP PATIENT I.D. LABEL HERE

SIGNIFICANT DIAGNOSES & CONDITIONS	DATE	ALLERGIES & ADVERSE DRUG REACTIONS	DATE
		MEDICATIONS	DATE
		<input type="checkbox"/> NO CURRENT MEDICATIONS	
PRECAUTIONS:			
FALL RISKS: Appropriate falls reduction precautions are implemented for all pediatric patients to ensure a safe environment.			
SIGNIFICANT OPERATIVE & INVASIVE PROCEDURES	DATE		

Form Completed By: _____

Date: _____ Time: _____

Form Reviewed By: _____ Therapist

Date: _____ Time: _____