Amyloidosis Patient – Personal And Medical Information

My Personal Information

Patient Names: First: _____ Surname: _____

Home Address: _____

Phone: _____ Email: _____

Date of Birth: _____ First Language: _____ ☐ Male ☐ Female ☐ Other

Medicare Number: _____ Expiry Date: _____

Medical Insurance Provider: _____ Number: _____

Contact Person Name: _____ Phone: _____

My Amyloidosis Information

Amyloidosis Type: _____ Date Diagnosed: _____ Where Diagnosed: _____

Impact of Amyloidosis
Indicate the severity of amyloidosis on each key body part with an **X** in one column.

	High	Moderate	Low	None
Heart				
Kidneys				
Gastrointestinal				
Nerves				

My Amyloidosis Treatment History

Include treatment (drugs or process), dates (from - to), where treated.

First: _____

Second: _____

Third: _____

Are you still being treated? ☐ Yes ☐ No When did your treatment stop? _____

Name treatment trials you participate(d) in: _____

My Key Medical Professionals

Medical Professional	Name	Location	Phone
Primary GP			
Haematologist			
Cardiologist			
Renal Specialist			
Neurologist			
Oncologist			
Other 1			

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My Current Medication Information

Medication Name	Prescribed for	Date Started (MM/YYYY)	Daily Dosage

My Current Supplemental and Alternative Medication Information

Product Name	Taken for	Date Started (MM/YYYY)	Daily Dosage

My Discontinued Medications Since Amyloidosis Diagnosis

My Other Key Health Information

Allergies:

Non-Medicated Comorbidities:

Implants:

Other Illnesses:

Is your vaccination status on My Health Record up to date? ☐ Yes ☐ No

Last updated: Updated by:

This record brings together all critical information about your amyloidosis journey. It will be useful for you and have value for the medical and support persons involved in your treatment and care and for emergency responders. Amyloidosis is a complex disease requiring multiple specialists, processes and medications to monitor, treat and manage it and its side effects. It is important that all these people plus emergency responders are fully and accurately informed. This record allows that. It is your responsibility to ensure it is accurate, complete and up to date. The Australian Amyloidosis Network takes no responsibility for the information on it. It can be used as a paper copy or in digital form stored on your smart phone. **You are strongly advised to place it on your My Health Record.**

Link to new clean sheet

Link to **AAN** website

Link to **My Health** website

Australian Amyloidosis Network

Working together Seeking a cure