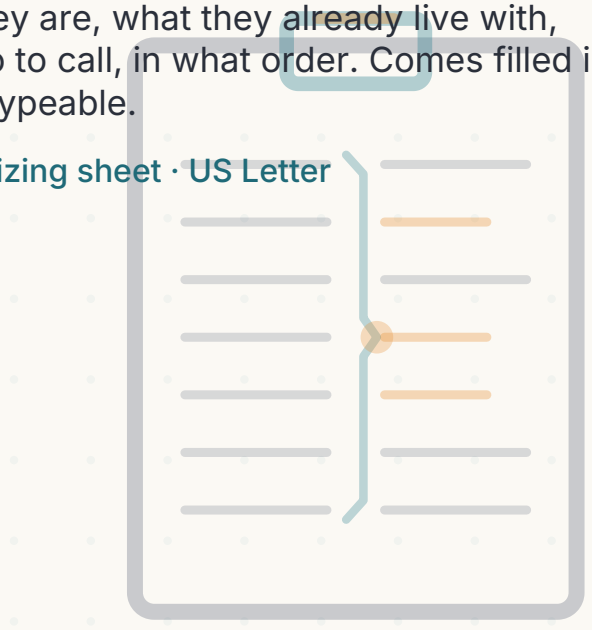
ARDENT WORKSHOP

FREE FROM ARDENT WORKSHOP

One-Page Patient Summary

One sheet to hand over on arrival: who they are, what they already live with, the medicines they take at home, and who to call, in what order. Comes filled in as a worked example, blank to print, and typeable.

One sheet, three ways · not advice, an organizing sheet · US Letter



Not advice: this is a paperwork and organizing kit for a hospital stay. It records what you are told and what changes. It contains no medical advice, no clinical thresholds and no dosing guidance — ask your care team about anything clinical.

How to use this page

Fill this out as soon as you can — even from memory, before you have every detail — and hand a copy to the first nurse or admitting clerk you meet. Nobody in the building knows this person yet, and this page is how they meet them. The next page shows it filled in for one invented family, so you can see how much detail is worth writing; Ruth Vantrell, her family and her doctor are invented, and the phone numbers on that page are in the 555-01 range reserved for fiction. The rest of it — her dates, her medicines, her doses — is ordinary invented detail, not a real record and not a suggestion for anyone.

- Fill in what you know now and hand a copy to the first nurse or admitting clerk you meet. Ask that it goes into the chart, not into a pocket.
- Under devices and aids, write the things that travel separately from the person and get lost: glasses, a hearing aid, dentures, a cane, a walker.
- Under getting around and being understood, write what an ordinary day looks like for them — walks alone, needs a hand, hears you fine one-to-one, speaks another language at home.
- Write the medicines the way they are written on the box or the bottle. You are not expected to know the pharmacy's spelling.
- Print a few spare copies before you need one. A photo on a phone is often too small to read at a busy desk.
- Leave a line blank rather than guess at it. A blank is honest, and somebody can fill it in later.

ASK THAT YOUR NAME GOES ON THE RECORD

Ask that a family caregiver be named on the record, and ask whoever takes this page from you to write your own name and number into the chart. A caregiver who exists only in your own head is invisible to the next shift that comes on.

A FILLED SHEET IS MEDICAL INFORMATION

A filled-in copy carries the same kind of information as a hospital chart — a name, a birth date, conditions, medicines. That is true of the typeable page too: once you type in it and save it, the file on your computer holds all of it, so keep it off shared drives and shared computers. Keep the paper copy with you rather than in a shared space, and shred or delete spare copies once you no longer need them.

ONE-PAGE PATIENT SUMMARY

A WORKED EXAMPLE — EVERYONE HERE IS INVENTED

The summary, filled in

Who they are

What they need to know	Write it here
Full name, as their records have it	Ruth Vantrell
What they like to be called	Ruth
Date of birth	June 14, 1948
Why they are here today	Fell in the kitchen Tuesday, couldn't get up
Conditions they already had	High blood pressure, underactive thyroid, high cholesterol
Allergies and reactions	Penicillin - gave her hives years ago
Devices and aids they use	Reading glasses, a cane she doesn't always use
Getting around, and being understood	Walks alone indoors, cane outside. Hears you fine one-to-one.
What a normal day looks like	Up by 7, the crossword, walks to the mailbox and back
Who decides if they cannot	Priya, her daughter (has the paperwork)

Medicines they take at home

Medicine — what it says on the box	How much, and when
Blood pressure tablet (small white)	10 mg, morning
Water tablet	40 mg, morning
Cholesterol tablet	20 mg, at night
Thyroid tablet	75 mcg, before breakfast
Stomach tablet	20 mg, before food
Bone tablet, weekly	one, Sunday morning
Iron tablet	one, with food
Eye drops	one drop each eye, at night
Sleeping tablet	half a tablet, at night

Who to call, in what order

In what order	Who they are	Number	When to call them
First call	Priya, her daughter	555-0119	Any hour. She has the paperwork.
Second call	Marcus, her son	555-0164	If Priya doesn't pick up.
Third call	Dr. Marnwood, her family doctor	555-0103	Weekdays, about her usual medicines.

ONE-PAGE PATIENT SUMMARY

PRINT THIS ONE — A FILLED-IN COPY IS MEDICAL INFORMATION

The one-page patient summary

Who they are

What they need to know	Write it here
Full name, as their records have it	
What they like to be called	
Date of birth	
Why they are here today	
Conditions they already had	
Allergies and reactions	
Devices and aids they use	
Getting around, and being understood	
What a normal day looks like	
Who decides if they cannot	

Medicines they take at home

Medicine — what it says on the box	How much, and when

Who to call, in what order

In what order	Who they are	Number	When to call them
First call			
Second call			
Third call			

ONE-PAGE PATIENT SUMMARY

TYPE INSTEAD OF WRITING — ON A COMPUTER

The same sheet, typeable

These boxes are PDF form fields, so they need a desktop PDF reader — Adobe Acrobat Reader, Preview, Firefox or Chrome. Most phone and tablet readers will show this page but will not let you type in it. A saved copy is medical information: keep it somewhere private, and shred or delete spare copies.

Who they are

What they need to know	Write it here
Full name, as their records have it	
What they like to be called	
Date of birth	
Why they are here today	
Conditions they already had	
Allergies and reactions	
Devices and aids they use	
Getting around, and being understood	
What a normal day looks like	
Who decides if they cannot	

Medicines they take at home

Medicine — what it says on the box	How much, and when

Who to call, in what order

In what order	Who they are	Number	When to call them
First call			
Second call			
Third call			

This one page is arrival. A hospital stay is longer than that.

The full kit picks up where this page leaves off — the days in between, going home, and the first days back — and it does more than record answers.

THE FULL FIELD KIT

The Hospital Stay & Discharge Field Kit is the rest of the week. Its working set compares what somebody took at home against what they are sent home on — three columns, 16 medicine rows, a New / Stopped / Dose changed / Unchanged verdict written for every one of them, and a count — plus a discharge-readiness rollup of 18 items across 6 domains that totals what is still open before anyone signs. It adds a daily log, a rounds script, a who's-who roster card, a shift hand-over note, the discharge and first-72-hours pages, a page for getting the warning signs said out loud in the team's own words and written down, 11 more sheets for surgery and rehab, a records-request and costs log, and a reference sheet of 9 cited statements from 6 named sources. 11 PDFs, 168 pages, US Letter and A4. **See the full kit**.

See the full range at **ardentworkshop.com**.

Not advice. This page and the full kit are organizational only — neither states a clinical fact, a dose, or a symptom to watch for. Get medical guidance from the clinical team caring for this person, not from a printed page.