

Medical Summary

Intent

This Medical Summary is intended to provide a consolidated, yet comprehensive, summary of a person with Angelman syndrome's most important medical history highlights.

Instructions

With the support their primary care and specialty providers, caregivers should update this document regularly. This can be shared with healthcare providers and supporting caregivers as needed to ensure a person with Angelman syndrome's entire care team is aware of these very important components of their health care needs.

About Angelman Syndrome

Angelman syndrome (AS) is a rare neuro-genetic disorder that occurs in one in 15,000 live births. People with Angelman syndrome have developmental problems that become noticeable by the age of 6 – 12 months. Other common signs and symptoms usually appear in early childhood like walking and balance disorders, gastrointestinal issues, seizures and little to no speech. Despite these symptoms, people with Angelman syndrome have an overall happy and excitable demeanor. An individual with AS will light up a room with their smile and laughter.

Patient Name: _____ Date of Birth: _____

Primary Caregiver Name: _____ Last Updated: / /

Diagnoses & Management

Pertinent Active Diagnoses:

Prioritize list of active issues for Individual with Angelman syndrome (epilepsy, behavior, constipation, sleep, etc.)

Inactive or Currently Resolved Diagnoses:

E.g. kidney stones, sleep apnea, pneumonias, etc.

Primary Care Provider*Name and Contact Information***Emergency Contact(s)***Name and Contact Information***Important Details or Recommendations***A brief summary of the most important things one would need to know about managing this person's health.***Current Medications**

Medication Name	Dose	Frequency	Pharmacy

Prior Medications

Medication Name	Dose	Frequency

**Functional Information**

Below is general information to better understand this person with Angelman syndrome's strengths, challenges, communication methods, and preferences.

Cognitive Skill Level:

Adaptive Skill Level:

Communication Skill Level:

Communication Method:

Type of Adaptive Equipment:

Diet:

Food Texture:

Food Intolerances:



Ambulatory (fully, with assistance, non-ambulatory, etc.):

Sleep Concerns:

Safety Concerns:

Behavior Concerns:

Shower/Bath/Hygiene:

Dental Hygiene:



Best Learning Method:

Things That Make Me Happy and Things I Enjoy:

Things That Frustrate or Upset Me:

Additional information:

**Allergies**

Allergies:	Reactions:

Medications & Procedures to Avoid

Medications / Procedures (List):	Why?

Prior Surgeries, Procedures, and Hospitalizations

Date	Details

Vaccine Administration Record

Vaccine	Administer Date	Details