**PERSONAL MEDICAL RESUME**

**XXXXXXX XXXX XXXXXX**

Date of Birth: xx/xx/xxxx

**TYPE 1 DIABETES, Insulin Dependent**

**PLEASE REFER TO THIS DOCUMENT FOR**

* **CURRENT MEDICATIONS**
* **MEDICAL HISTORY**
* **TREATMENT THERAPIES**
* **PERSONAL/MEDICAL CONTACTS**

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Page 2 (back side): List of advocates and contact PLUS **TYPE 1 DIABETES wristband**

Page 3 (front side): Detailed T1 and Health Management

**Details on how I manage my diabetes and other medical conditions**

Page 3 (back side): Copy of driver license and insurance cards

Page 4 (front side): My Medication List

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Page 5 (front side): List of Health Care Providers

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Page 8 & 9: Google Health Record and Diabetes data charts

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