

# Your CGD care plan

Keeping track of your medical history provides healthcare professionals with important information about your condition. Print and complete this form. Be sure to keep it up-to-date and in a place that is handy. You may wish to scan and email it to yourself, or take a photo of it with your phone.

CGD diagnosis \_\_\_\_\_  
Month/year

CGD type  X-linked  Autosomal recessive

My insurance \_\_\_\_\_  
Company name

\_\_\_\_\_ Member ID

## Day-to-day medications

Medication	Dose	How often (frequency)

## CGD doctor(s)

Name/Specialty	Phone	Fax	Email



Hospital visit(s)

Date	Clinic	Reason(s)	Test(s)	Medication(s)



## Previous infection(s)

Type of pathogen(s) (Check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> <i>Aspergillus</i> species | <input type="checkbox"/> <i>Burkholderia (pseudomonas) cepacia</i> | <input type="checkbox"/> <i>Candida</i> species       | <input type="checkbox"/> <i>Klebsiella</i> species |
| <input type="checkbox"/> <i>Serratia</i> species    | <input type="checkbox"/> <i>Nocardia</i> species                   | <input type="checkbox"/> <i>Staphylococcus aureus</i> | <input type="checkbox"/> Don't know                |
| <input type="checkbox"/> Other _____                |  |   |  |

Location(s) of infection(s) (Check all that apply)

- |                               |                                      |                               |   |
|-------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Liver       | <input type="checkbox"/> Lung | <input type="checkbox"/> Lymph nodes<br>These are glands found all over the body, but mostly in the neck, armpits, and groin areas. |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Other _____ |                               |   |