



NAME

UPDATED



DATE OF BIRTH

TELEPHONE

EMENRGENCY CONTACT

PRIMARY PHYSICIAN NAME

MARITAL STATUS

EMAIL

PRIMARY DIAGNOSIS

PRIMARY PHYSICIAN CONTACT

HEALTH INSURANCE TYPE

ADDRESS HOME

PRIMARY DIAGNOSIS STATUS

FAMILY DOCTOR

HEALTH INSURANCE No.

BLOOD TYPE

PRE-EXISTING CONDITIONS

NATIONAL INSURANCE No.

PREFERRED LANGUAGE

HEIGHT (cm)

WEIGHT (kg)

CURRENT HEALTH OVERVIEW

MY HEALTH SUMMARY

MY GOALS, PLANS & PRIORITIES

PLANS FOR THE NEXT 30, 60, 90 DAYS

WHAT IS BOTHERING ME MOST RIGHT NOW

QUESTIONS FOR HEALTHCARE TEAM

KEY MEDICAL INFORMATION

MAIN MEDICATIONS (Name, Indication, Dose etc.)

ALLERGIES & SIGNIFICANT WARNINGS

My Health Story

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WHAT HELPS ME FEEL BETTER

AS I RECOVER, HAS MY PURPOSE IN LIFE CHANGED? HOW?

IDEAS FOR SOLUTIONS TO MANUFACTURERS / PROVIDERS

WHAT POSITIVE THINGS HAVE I LEARNT FROM MY ILLNESS?

HELPFUL RESOURCES; LINKS & COMMUNITIES

MY HEALTHCARE WISHES

WHAT AM I MOST LOOKING FORWARD TO?

ADVANCE DIRECTIVE LOCATION

HEALTHCARE POWER OF ATTORNEY

OTHER IMPORTANT NOTES / REMINDERS