

# My Health Canvas

NAME

UPDATED



DATE OF BIRTH

TELEPHONE

EMENRGENCY CONTACT

PRIMARY PHYSICIAN NAME

MARITAL STATUS

EMAIL ADDRESS

PRIMARY DIAGNOSIS

PRIMARY PHYSICIAN CONTACT

HEALTH INSURANCE TYPE

HOME ADDRESS

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 CANVAS: A space to share my story

## MY GOALS, PLANS & PRIORITIES

LOOKING AHEAD: My Hopes & Priorities (next 30, 60, 90 days)

WHAT'S ON MY MIND AT THE MOMENT? My Current Thoughts & Feelings

SOURCES OF COMFORT & WELL-BEING

WHAT I AM MOST LOOKING FORWARD TO...

## KEY MEDICAL INFORMATION

MAIN MEDICATIONS (Name, Indication, Dose etc.)

QUESTIONS & TOPICS FOR YOUR HEALTHCARE TEAM

## ALLERGIES, WARNINGS & SPECIAL REQUESTS