

# My Health Canvas

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 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

QUESTIONS & TOPICS FOR YOUR HEALTHCARE TEAM

## KEY MEDICAL INFORMATION

MAIN MEDICATIONS (Name, Indication, Dose etc.)

ALLERGIES, WARNINGS & SPECIAL REQUESTS



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SOURCES OF COMFORT & WELL-BEING

REFLECTIONS ON MY HEALTH PATH - Insights to share

MY FEEDBACK & IDEAS FOR IMPROVING PATIENT SUPPORT

GIFTS FROM MY JOURNEY - Positive Learnings & Growth

USEFUL RESOURCES, WEBSITES, APPs & COMMUNITIES

MY WISHES FOR FUTURE CARE

WHAT AM I MOST LOOKING FORWARD TO?

ADVANCE DIRECTIVE LOCATION

HEALTHCARE POWER OF ATTORNEY

OTHER IMPORTANT NOTES / REMINDERS