



DATE OF BIRTH

12-Jan-1968

MARITAL STATUS

e.g., Divorced

HEALTH INSURANCE TYPE

e.g., Tier 2

HEALTH INSURANCE No.

e.g., 123456

NATIONAL INSURANCE No.

e.g., 123456-X

TELEPHONE

e.g., +41-99-123-1234

EMAIL ADDRESS

e.g., Name@gmail.com

HOME ADDRESS

e.g., Appt. 999

123 Longstreet

Postcode, City X

PREFERRED LANGUAGE

e.g., English

EMERGENCY CONTACT

e.g., A.N. Other
Partner

PRIMARY DIAGNOSIS

e.g., Cancer X, Type Y

PRIMARY DIAGNOSIS STATUS

e.g., Currently Stage III,
Chemo & Radio Treatment

PRE-EXISTING CONDITIONS

e.g., Hypertension,
Overweight BMI 28

PRIMARY PHYSICIAN NAME

e.g., Dr. Smith

PRIMARY PHYSICIAN CONTACT

e.g., Tel. No. or Email

FAMILY DOCTOR

e.g., Dr. Foster

BLOOD TYPE

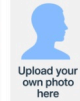
e.g., Type AB, Rh+

HEIGHT (cm)

e.g., 188

WEIGHT (kg)

e.g., 90

Upload your
own photo
here

CURRENT HEALTH OVERVIEW

MY HEALTH SUMMARY

(Overwrite) Briefly describe your health journey, important diagnosis, treatments and dates

WHAT IS BOTHERING ME MOST RIGHT NOW

(Overwrite) List any symptoms, worries or challenges

WHAT HELPS ME FEEL BETTER

(Overwrite) e.g., spending quality time with family & friends, meditation etc.

KEY MEDICAL INFORMATION

MAIN MEDICATIONS (Name, Indication, Dose etc.)

(Overwrite)
e.g., Pregabalin (for Neuropathic pain - 150 mg, 1:0:1),
Amitriptylinum (for Depression & pain - 50 mg, 0-0-2) etc.

ALLERGIES & SIGNIFICANT WARNINGS

(Overwrite) e.g. allergic to peanuts, penicillin and I'm vegetarian.
I prefer that the nurses do not wake me up in the night

DO NOT RESUSCITATE (DNR)



YES



NO

ADVANCE DIRECTIVE LOCATION

Document is with my Partner

DO NOT INTUBATE (DN)



YES



NO

HEALTHCARE POWER OF ATTORNEY

I designate decisions to my Sister

MY GOALS, PLANS & PRIORITIES

PLANS FOR THE NEXT 30, 60, 90 DAYS

(Overwrite) Try to describe some milestones, achievements, activities, events, plans for the future.
30 days
60 days
90 days

MY DREAM ACHIEVEMENTS IN THE NEXT 2+ YEARS

(Overwrite) Imagine what would make you proud e.g., daily meditation, Being grateful

QUESTIONS FOR HEALTHCARE TEAM

(Overwrite) Key questions not to forget e.g.,
Oncologist - I need a new sick note
Family Doctor - please check my blood pressure

OTHER REMINDERS

(Overwrite) List important items so as not to forget e.g., Update Testament with Lawyer,
send new Rx to Pharmacy

WHAT I AM LOOKING FORWARD TO...

(Overwrite)
Upload a
photo of
your dream
& give it a
description
here.

Upload your
own photo here