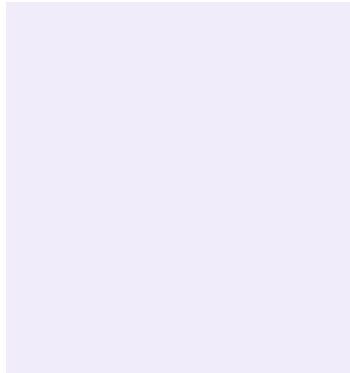




Name

Updated



Date of Birth	Telephone	Emergency Contact	Primary Physician Name	
Marital Status	Email	Primary Diagnosis	Primary Physician Contact	
Health Insurance Type	Address	Primary Diagnosis Status	Family Doctor	
Health Insurance Number		Pre-Existing Conditions	Blood Type	
AHV (NI) Number	Preferred Language		Height	Weight

Current Health Overview

My Goals, Plans & Priorities

My Health Summary: A Space to share my story

Looking Ahead: My Hopes & Priorities (Next 30, 60 , 90 days)

What’s on my mind right now? My current thoughts & feelings

Sources of Comfort & Wellbeing

Questions & Topics For Your Healthcare Team

What Am I Most Looking Forward to?

Key Medical Information *Confirmed with Physician*

Main Medications (Name, Indication, dosage)

Allergies & Significant Warnings