



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 Health Summary: 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 right now? My current thoughts & feelings

Questions & Topics For Your Healthcare Team

Key Medical Information *Confirmed with Physician*

Main Medications (Name, Indication, dosage)

Allergies & Significant Warnings



Name

Updated

Sources of Comfort & Well-Being

Reflections on My Health Path - Insights To share

Gifts From My Journey - Positive Learnings & Growth

My Feedback & Ideas for Improving Patient Support

My Wishes for Future Care

Useful Resources, Websites, Apps & Communities

Advance Directive Location

Healthcare Power of Attorney

What Am I Most Looking Forward to?

Other important notes/reminders