



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

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