



Name

Updated

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|--|-------------------------|--------------------|--------------------------|---------------------------|
| | 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

Main Medications (Name, Indication,dose, etc.)

Allergies & Significant Warnings

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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