B.C. Health Passport

Patient Name: _____ Date: _____

Personal Health Number (PHN): _____ Tel: _____

Emergency Contact Name: _____ Tel: _____

Allergies: _____

MD: _____ MSP for lab cc: _____ Tel: _____

Living Will/ Advanced Care directive: Yes No (If DNR - enclose copy of orders with passport)

Medical Conditions

❑ Diabetes ❑ Atrial fibrillation ❑ Coronary heart disease ❑ High BP

❑ CHF ❑ Stroke ❑ Kidney disease / low GFR ____ ❑ Asthma

❑ COPD ❑ CO2 retainer ❑ Cancer _____ ☐ *Cororna*

❑ other _____

❑ major surg. _____

fold

Date	Medication name	Dose	How often	Reason

fold

Vaccines	Date	Date	Date	Date	Date	Date	Date
Flu							
Pneumo vacc			1 dose @ ≥65; 1 Booster @ ≥5 yrs if chronic dz* & ↑ risk				
Td						Rpt every 10 yrs	
Hep A				2 doses* @ 6 - 12 mos or in combo B vaccine			
Hep B				3 doses* @ 0, 1 & 6 months			

* verify with health unit which chronic dz covered for free vaccine &/or booster

Date	Medication name	Dose	How often	Reason

Vaccines							
Flu	Date	Date	Date	Date	Date	Date	Date

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Society of General Practitioners of British Columbia

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