Patient
File Direct

Last Update: ____________________

My Health Matters

Your health matters to you more than to anyone else..., and it should. Patients today are far more involved in their own healh care management and also have access to information and tools to make a difference. Studies have shown that when a patient is involved and collaborates in their own care, outcomes are improved. As well, the ability to provide access to your health record, or at least to a health summary, can be invaluable when consulting with a health care professional who may be unfamiliar with your history. For this reason, we are happy to provide you with My Health Matters, a simple form that you can fill in and update any time so that regardless of where or when, you can present a cconcise overview of your health picture. Please take the time to fill in this form and keep it with you at all times, along with your own updated medical record copy.

PERSONAL INFORMATION:

My Name: ____________________

Current Address: ____________________

Phone/Cell: ____________________ Email: ____________________

DoB: ____________________ Blood Type: ____________________

Current Weight: ____________________ *lbs. / kg* Current Height: ____________________ *in / cm*

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: ____________________ Phone: ____________________

HEALTH CONDITIONS / EVENTS:

Health Conditions / Events	Since

CURRENT MEDICATIONS:

Medical Issue	Medication	Dosage	Approx. Start Date

VACCINATION / IMMUNIZATION HISTORY

Type	Last Date

ALLERGIES OR SENSITIVITIES

Type	Since

MAJOR PROCEDURES / SURGERIES

Procedure	Date of Procedure

FAMILY DOCTOR:

Name: ______________________________ Address: ______________________________

Phone: ____________________ Fax: ____________________ Email: ____________________

SPECIALISTS:

Speciality	Name	Address	Phone

PHARMACY:

Pharmacy Name	Address	Phone

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