

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 health 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 concise 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**ALLERGIES OR SENSITIVITIES****MAJOR PROCEDURES / SURGERIES**

Type	Last Date

Type	Since

Procedure	Date of Procedure

FAMILY DOCTOR:

Name: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

SPECIALISTS:

Specialty	Name	Address	Phone

PHARMACY:

Pharmacy Name	Address	Phone