

# 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:**

Speciality	Name	Address	Phone

**PHARMACY:**

Pharmacy Name	Address	Phone