

My Medical Profile

Collect and update your basic, personal medical profile information here, in one spot for easy reference and use in healthcare conversations.

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| Name: _____ | Call Me: _____ |
| The Language I Speak Is: _____ | I Need an Interpreter: Yes No |
| Use these Pronouns: She/her | He/him They/them |

Family/Caregiver/Support Person Information:

| | |
|--------------------------------------|--|
| Name: _____ | Phone Number: _____ |
| Language They Speak: _____ | Contact for Follow-Up: _____ |
| Email: _____ | Is this person the P.O.A. (power of attorney)? Yes No |

My Medical Profile

Relevant and Chronic Medical Conditions and Issues:

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What Has Changed Recently in My Health:

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My Medical Profile

Medications, Food, and Environment:

Prescribed Medications (Ask your pharmacy to print out your medication history and attach it here, or if they do not have this service fill out the following tables)

Note: Alcohol and cannabis interact with medications and may determine dosage and type of medication prescribed. Please say if you use these and how much you use daily/weekly:

| Name of Medicine: | How Much I Take and When I Take it: | When I Started Taking It: | Does It Work? | How I Feel When Using It: |
|-------------------|-------------------------------------|---------------------------|---------------|---------------------------|
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My Medical Profile

Medications I Used Before:

| Name of Medicine: | How Much I Took: | Did It Work? | How I Felt Using It: |
|-------------------|------------------|--------------|----------------------|
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Vitamins, Supplements, and Non-Prescribed Medications (like Tylenol, etc.):

| Name Of Product: | How Much I Take a Day: | When I Take It: | How I Feel Using It: |
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My Medical Profile

I access alternative therapies and remedies, including Naturopathic medicine, Traditional Chinese Medicine, Ayurveda, etc.

Allergies and Sensitivities:

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| Allergies: | |
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| Sensitivities: | |
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Diet (Restrictions and Significant Changes):

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My Medical Profile

Environment (Home set-up, building type, accessibility, proximity to neighbours, safety risks, etc.):

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Past Traumas (Write down what you are comfortable to share about past challenges, so we may better serve your needs and avoid your triggers, including emotional, mental, and physical traumas):

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My Medical Profile

My Medical History Timeline:

| Age: | Issue/Treatment: | Issue/Treatment: | Issue/Treatment: |
|------------------|------------------|------------------|------------------|
| Childhood (0-16) | | | |
| Youth (16-19) | | | |
| Adult (20s-40s) | | | |
| 50s | | | |
| 60s | | | |
| 70s | | | |
| 80s | | | |
| 90s | | | |