

MY HEALTH INFO

ALL ABOUT ME

My name is: _____

I was born on: _____

My current weight is:

Date _____ Kg _____ Lbs _____

My current height is:

Date _____ Kg _____ Lbs _____

I am allergic to:

Allergy _____

Reaction _____

Allergy _____

Reaction _____

Allergy _____

Reaction _____

My immunizations:

Important things to know about my medical history:

Infections I've had before:

Surgeries/Procedures I've gone through before:

Date _____ Surgery _____

Date _____ Surgery _____

Date _____ Surgery _____

Date _____ Surgery _____

These are the medicines I take:

Medicine _____

How much I take _____

How I take the medicine _____

How often I take it _____

Medicine _____

How much I take _____

How I take the medicine _____

How often I take it _____

Medicine _____

How much I take _____

How I take the medicine _____

How often I take it _____

Medicine _____

How much I take _____

How I take the medicine _____

How often I take it _____



This is what my home schedule is like:

12:00 a.m. _____

1:00 a.m. _____

2:00 a.m. _____

3:00 a.m. _____

4:00 a.m. _____

5:00 a.m. _____

6:00 a.m. _____

7:00 a.m. _____

8:00 a.m. _____

9:00 a.m. _____

10:00 a.m. _____

11:00 a.m. _____

12:00 p.m. _____

1:00 p.m. _____

2:00 p.m. _____

3:00 p.m. _____

4:00 p.m. _____

5:00 p.m. _____

6:00 p.m. _____

7:00 p.m. _____

8:00 p.m. _____

9:00 p.m. _____

10:00 p.m. _____

11:00 p.m. _____

This is what I eat:

This is what I use at home (Medical Equipment):

These are the people who work with me and my parents (Vendors):

These are my friends who help me stay healthy

(Specialists):

Provider Name _____

Type of Specialist _____

Contact Number _____

Provider Name _____

Type of Specialist _____

Contact Number _____

Provider Name _____

Type of Specialist _____

Contact Number _____

Provider Name _____

Type of Specialist _____

Contact Number _____

These are some things I like and dislike:

Likes _____

Dislikes _____

This is my care team:

Day Shift _____

Night Shift _____
