My Health Passport

This document has important information so you can get to know me and better support me when I am receiving medical, dental, or other care. Please keep this information where others can easily reference it, and **please READ THIS BEFORE trying to help me with care or treatment.**

Demographic Information

Name: Phone:

Address: City: State: Zip:

DOB: Gender: select Race: select Marital Status: select

Insurance info: Other ID Number:

Primary Care Physician:

Name: Phone:

Address: City: State: Zip:

Psychiatrist:

Name: Phone:

Address: City: State: Zip:

Dentist:

Name: Phone:

Address: City: State: Zip:

Preferred Hospital:

Phone:

Address: City: State: Zip:

Family contact (and/or person who supports my decision-making):

Name: Phone:

Address: City: State: Zip:

Emergency contact:

Name: Phone:

Address: City: State: Zip:

Important Clinical Information

Diagnoses:

Medications and dosages:

Medication allergies or adverse reactions and type of reactions:

Food allergies and type of reaction:

When I experience pain, I often: (describe behavior, etc.)

Usual manner and level of mobility: (Describe method, usual gait or pattern of movement & needed supports)

My diet is: (type and texture)

The type of assistance I need when eating:

The type of assistance I need when drinking:

Most recent weight (and date)

Weight over past 6 months (list monthly weights and dates measured)

I take medications best in this form: (liquids, pills, mixed in pudding, etc.)

How I use the toilet: (Continence level, assistance, aids or products needed)

My usual bowel movement pattern:

Important Information About Communication

I communicate best using: (words, gestures, sign language, behaviors etc.)

Hearing: (normal, somewhat impaired, fully impaired, etc.)

Vision (normal, somewhat impaired, fully impaired, etc.)

Important Social Information

My friends and people who know me describe me as: (fun, likeable, smart, good at puzzles etc.)

I Like:

When I like something, I express it by:

I dislike:

When I dislike something, I express it by:

The best way to communicate with me is:

My usual sleep pattern is:

My favorite activities are:

I usually interact with friends this way: (friendly, smiles, anger, fear etc.)

I usually interact with strangers this way: (friendly, smiles, anger, fear etc.)

When I'm angry, I sometimes:

When upset, the best way to help me calm down is:

Things that I am sensitive to include: (specific sights, sounds, odors, textures/fabric, etc.)

Things that help me pass the time:

Health Risk Screening Tool Scores

Overall Health Care Level: N/A
- Levels 1 and 2 low risk
- Levels 3 and 4 moderate risk
- Levels 5 and 6 high risk

Date of most recent scoring:

Individual scores (Attach a print-out of the scoring summary)

Additional information: