



MY HEALTH PASSPORT

First Name:

Last Name:

The purpose of this health passport is to better share information across a patient's treatment team. Please add any information you can share from your visit today for the rest of the treatment team and to help guide the patient and their support network. It is the patient / carer responsibility to always keep this information safe.

For further information about Health Passports and to download a free copy of this template, please go to the Coordinated Healthcare website.

<https://cdnhc.com.au/health-passport/>

Please return this passport to the patient.

Section A: Things you MUST know about me

3. My general information

Date of Birth:

Gender:

4. My current conditions

Summary

Condition	Date of diagnosis	Current Management

5. My current prescribed medications

Medication	Condition	Dosage / freq

4. Other information

a) I am allergic to:

b) When conducting a medical examination, please:

c) Other things that you need to know about my medical care:

5. Decision-making

I can and would like to make my own decisions, so please ask me first.

If, for some reason, I am incompetent or unconscious at the time when decisions needs to be made, the following will apply:

Contact my next of Kin

Next of Kin details:

Section B: My Current Treatment Plan

7. My GP Details are:

8. My current treatment plan

Please note this treatment plan will change with further input, please feel free to make suggestions in the updates section and they will be incorporated here:

9. My Treating Practitioners

Role	Name	Contact	Action

10. Current actions:

- Taking Medication regularly

11. Reports and tests:

Please see appendix

Section C: Other useful information

a) **Things I like:** (e.g., music, routines, etc).

b) **Things I don't like:** (e.g., certain food, dark rooms, etc).

c) **My religious needs:** (e.g., prayers, Halal food, etc.)

d) **My cultural needs:** (e.g., I prefer a woman doctor, etc)

e) **Other information:** (e.g., tell me when you bring food and what's in it, etc)

Practitioner:

Date: _____

Recommendations for the patient and the team from today's appointment:

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Please Attach Copies of Reports and Test Results Here
