# HEALTH PASSPORT

This health passport contains personal health information intended to support healthcare providers during medical appointments and emergencies.

**Date Completed (dd/mm/yyyy)**

_____

**Completed By**

_____

## Patient Demographics

**Name**

_____

**Pronouns** _____ **Sex** _____

**Date of Birth (dd/mm/yyyy)**

_____

**Cultural/Religious Considerations**

## Social History

**Education Level**

_____

**Ability to Read (language)**

_____

**Current Living Situation**

**Insurance Status**

- ○ OHIP ○ ODB ○ Private
- ○ IFHP, expiry (mm/yyyy): _____
- ○ Other, specify: _____

**Country of Origin**

_____

**Last Country of Residence**

_____

**Date of Arrival in Canada (dd/mm/yyyy)**

_____

**Language(s) Spoken**

_____

**Translation Required**

○ Yes ○ No

**Preferred Language for Translation**

_____

## Contact Information

**Emergency Contact**

**Name** _____

**Phone #** _____

**Settlement Worker**

**Name** _____

**Phone #** _____

**Primary Care Provider**

**Name** _____

**Preferred Pharmacy**

**Name** _____

**Phone #** _____

**Substitute Decision Maker**

**Name** _____

**Phone #** _____

## Current Medication(s)

## Past/Present Medical Conditions

## Other Medical History

**Previous Surgeries**

**Previous Pregnancies & Deliveries**

**Allergies**

**Disabilities**

**Accessibility Needs**

**Current Substance Use**

○ Smoking ○ Alcohol ○ Drugs

**Immunizations**

○ Tetanus ○ Hepatitis B

○ Measles ○ Varicella

○ Meningococcal

**Additional Information**