

HEALTH PASSPORT

Kingston Health
Sciences Centre

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

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

Social History

Education Level

Ability to Read (language)

Current Living Situation

Insurance Status

☐ OHIP ☐ ODB ☐ Private

☐ IFHP, expiry (mm/yyyy): _____

☐ Other, specify: _____

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

☐ Measles

☐ Meningococcal

☐ Hepatitis B

☐ Varicella