

Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name is:

I like to be known as:

My date of birth is:

In an emergency
please contact:

NAME:

PHONE NUMBER:

Date this form was completed:

A photo of me
can be put here

About My Health

My health needs (medical history):



Things I am allergic to:



Tablets or medicine that I take:



The support I need to take my tablets or medicine:



How I will show you or tell you I am in pain or unwell:



How I need you to support me

(continued)



How we can best communicate:



Other important things I would like you to know about me:



Name of person completing this form:
