About My Health

Sharing your history and your communication preferences with your health care provider

Introduction

If you would like to improve communication at your medical visit

This is a worksheet where you can write down important information about you and your health before you visit a health care provider, e.g. doctor. Bring this worksheet anytime you are seeing a health care provider to help a visit go well.

This form is supposed to make your medical visits less stressful and to help health care providers honour your choices. The worksheet only needs to be filled out once, and updated when there is a change in your health or information. Please ask for help to fill out this form if you need it. It is okay to skip any sections that you are uncomfortable filling out. If you need more space to write, you can use the Notes page at the end of this form.

For providers and caregivers

This worksheet is for people to share their health information with health care providers.

Caregivers actively involved in supporting adults with intellectual or developmental disabilities, individuals with dementia, people with language barriers, or any other people who may need support with communication in their health care may find it useful to maintain this brief form in their files. This form can be especially useful when seeing a new health care provider. It may be helpful to share it in advance if arranging for a more complex procedure (eg, colonoscopy).

If you are retaining or sharing a copy of this form, please ensure that you have the person's consent, and that the form is stored securely.

Download this form and find more resources! www.burnabypcn.ca/developmental-disabilities

Developed by the Developmental Disabilities Primary Care Program of Surrey Place, Toronto. Adapted to local context by the Shared Care project team at the Burnaby Division of Family Practice (2024), from: My Health Care Visit: Understanding today's visit and Follow-Up. Melhas, M., Hermans, H., Orr, E., Salonia, C., Zaretsky, L., & Lunsky, Y. Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2019, available at: ddprimarycare.surreyplace.ca

Date: _____

Please ask for help if you need it.
It is okay to skip questions.

You may want to share this form with your health care providers to support your care.
If so, please check off the boxes below.

☐ I give permission for this form to be stored by my health care provider.

To support my care, I give permission for this form to be shared:

☐ Between my health care providers OR

☐ With _____
(insert name of specific health care providers)

1 My information

Name		Birthday			My photo (optional)
First	Last	Year	Month	Day	
Preferred Name/ Nickname					

My gender is (for example, woman)

My pronouns are
☐ he ☐ she ☐ they

The sex on my birth certificate was
☐ Male ☐ Female ☐ X ☐ Prefer not to answer

I communicate by (for example, verbal, language, ASL, non-verbal, tablet, picture exchange communication system, TouchChat)

☐ I need an interpreter for _____ language

My address

Apt #	Street		
City		Province	Postal Code

My phone number

My email address

My health card number (can be found on BC ID Card or Care Card)

Expiry date of BC ID card/Care Card

I live (check all that apply)

☐ Alone
☐ With spouse/partner
☐ With parents/family
☐ With roommates
☐ Assisted living
☐ In a group home
☐ Long term care
☐ Short stay
☐ Other:

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It is okay to skip questions.

Important people, places and medication

2 Do I have someone who I want to help me make my health care decisions? ☐ Yes ☐ No

(e.g. Parent, guardian, representative. This can include a legally binding Representation Agreement or Committee.)

Name		Relationship to me	Phone number
First	Last		

3 Is there someone I want to be told about my health care appointments? ☐ Yes ☐ No

Name		Relationship to me	Phone number
First	Last		

4 My emergency contact

Name		Relationship to me	Phone number
First	Last		

Emergency contact address			
Apt #	Street		
City		Province	Postal Code

Emergency contact email address	

5 My family doctor (or nurse practitioner) (if known)

Name		Phone number	Fax number
First	Last		

Email address	

Clinic address			
Apt #	Street		
City		Province	Postal Code

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6 My pharmacy (if known)

Name	Phone number	Fax number

Pharmacy address			
Apt #	Street		
City		Province	Postal Code

7 My medications (please attach or bring medication list) — you may need to ask your family doctor for this

My drugs are paid for by

- ☐ BC Pharmacare Program
- ☐ Extended health benefits/insurance
- ☐ I don't know

How do I take my medications?

- ☐ Whole ☐ Crushed ☐ With food
- ☐ I need someone to support me to take my medication
- ☐ Other:

8 Important things about my health and wellbeing

Medical history and conditions. This includes physical and mental health, and supports received.

Things I'm allergic to and what happens to me (if known)

Previous surgeries I have had

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I have a family history of	
☐ Diabetes	☐ High cholesterol
☐ Heart disease	☐ Autoimmune conditions
☐ Cancer	
☐ High blood pressure	☐ I don't know
☐ Other:	

I am financially supported by	
☐ Personal savings	☐ My job
☐ My family/ friends	☐ CLBC funding
☐ Disability tax credit	☐ Community agencies
☐ Other:	

9 What would improve my health care visits?

What makes me uncomfortable, scared, or nervous about seeing the doctors and nurses?

If I am...	I show it by
😫 Scared/nervous	
😬 Uncomfortable, e.g. feeling overstimulated	
🤕 In pain/hurting	
😢 Sad	
😡 Angry	

Try these to help with things like physical exams, needles, x-rays, or bloodwork

☐ Show and tell me what you are going to do	☐ I feel more comfortable if I have someone else with me
☐ Let me ask questions	
☐ Use numbing cream for needles	☐ Let me touch the equipment
☐ Be quiet so I can concentrate	☐ Play music that I like
☐ I like my hand held by my caregiver	☐ Get me to look away and do it as quickly as you can
☐ Remind me to take deep breaths	
☐ I like hearing how well I am doing	☐ Remind and help me count to ten
☐ Other:	

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Things that you can do to help me understand:

- ☐ Speak directly to me first
- ☐ Speak louder so I can hear you because I am hard of hearing
- ☐ Look at me when you speak
- ☐ Speak slowly
- ☐ Use pictures
- ☐ Write it down
- ☐ Repeat things
- ☐ Use gestures
- ☐ Use plain language
- ☐ Ask me to repeat it back
- ☐ Let my caregiver or staff explain
- ☐ Other:

Things I like at health care visits:	Things I *don't* like at health care visits:

10 Things I want the health care provider to know about me

My interests and what I like to do (e.g. hobbies)	Other things I would like to share (e.g. my culture and beliefs)	Important experiences I want you to know about

11 Other helpful information for doctors and nurses

I have the following *(Ask me or the person supporting me for this information, or find it attached.):*

- ☐ Health Care Plan
- ☐ Representative agreement/ committeeship
- ☐ Medication list
- ☐ Emergency or Crisis Plan
- ☐ Other (e.g. Advance Care Plan, Code Status Form):

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