MY HEALTH CONDITIONS

A quick overview of the health conditions that are important to me.

My health conditions / diagnoses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ADD MY CARE PLAN

If you have a current care plan, health action plan, hospital passport or treatment plan, add a copy to your My Life folder. You do not need to copy everything onto this page.

MY LIFE SERIES - ML-03

MY MEDICINES

Space for several medicines, including medicines taken up to four times a day.

Medicine	Dose	Morning	Midday	Evening	Night	PRN	What it is for

PRN = taken as needed. You can also add your current prescription or full medicine record to your folder.

MY THERAPIES & TREATMENTS

1. THERAPY / TREATMENT

Therapy / treatment: _____

Who provides it / how often / important notes: _____

2. THERAPY / TREATMENT

Therapy / treatment: _____

Who provides it / how often / important notes: _____

3. THERAPY / TREATMENT

Therapy / treatment: _____

Who provides it / how often / important notes: _____

4. THERAPY / TREATMENT

Therapy / treatment: _____

Who provides it / how often / important notes: _____

5. THERAPY / TREATMENT

Therapy / treatment: _____

Who provides it / how often / important notes: _____

ALLERGIES, SENSITIVITIES & RISKS

Important information that people may need to know quickly.

ALLERGIES

- Medicines I am allergic to:
- Food or other allergies:
- What happens if I have a reaction:

SENSITIVITIES OR REACTIONS

- Things I am sensitive to:
- Medicines or treatments I have reacted badly to:
- What people need to know:

IMPORTANT HEALTH OR SAFETY RISKS

- Important risks linked to my health:
- What people should do if there is a problem:
- Anything that must not be missed:

MY HEALTH SUPPORT

The health professionals and services involved in my care

1. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

2. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

3. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

4. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

5. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

6. PROFESSIONAL / SERVICE

Professional / service: _____

Name / contact details: _____

ADD A COPY OF MY CARE PLAN

If you have a current care plan, health action plan, hospital passport or treatment plan, add a copy to your My Life folder.

MY HEALTH NOTES

Use this page for anything else that is important about my health.

NOTES

Replace old health information when things change, so your folder stays useful.