

My Health Passport First name: Last name: I speak: Month / Year:

Immigration, Refugees

and Citizenship Canada

Immigration, Réfugiés

et Citoyenneté Canada

About Me

I like to be called:

Birthday:

Address:

Phone:

Contact and support person:

Name:

Phone:

Address:

My Next Steps

2

 ${\sf Date\ completed:}$

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About Me

2

Relationship:

I like to be called:

Birthday:

Address:

Phone:

Contact and support person:

Name:

Phone:

Address:

Relationship:

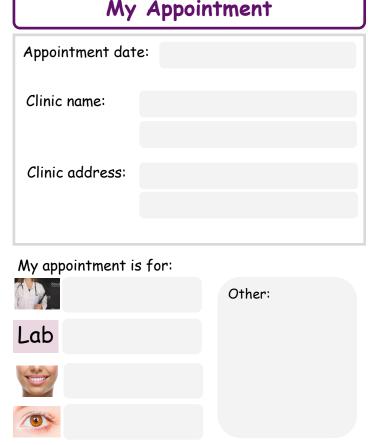
My Next Steps

2

Date completed:

Му	Appoin	tment	
Appointment dat	e:		
Clinic name:			
Clinic address:			
My appointment is	s for:		
Stee		Other:	
Lab			
0			
	22		

Secondary	contact and support person:
Name:	
Phone:	
Address:	
Relationsh	ip:
Store	My Family Doctor
Name:	My Family Doctor
Name: Phone:	My Family Doctor
	My Family Doctor
Phone:	My Family Doctor
Phone:	My Family Doctor



Secondary	contact and support person:
Name:	
Phone:	
Address:	
Relationshi	p:
iStock Stock	My Family Doctor
- Seaso	
Name:	
Name: Phone:	
Phone:	
Phone:	
Phone: Address:	

	My Teeth Doctor	My Next Steps
Name:		1
Phone:		
Address:		
Clinic:		2
1	My Eye Doctor	
Name:		
Phone:		3
Address:		
Clinic:		Date completed:
	4	21
	My Teeth Doctor	My Next Steps
Name:		1
Phone:		
Address:		
Clinic:		2
TO THE REAL PROPERTY OF THE PARTY OF THE PAR	My Eye Doctor	
Name:		
Phone:		3

Date completed:

.

Address:

Clinic:

My Appointment

Appointment date: Clinic name: Clinic address:

My appointment is for:	
	Other:
Lab	
(9)	

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My Other Doctor

Name:	
Phone:	
Address:	
Clinic:	

My Other Doctor

Name:	
Phone:	
Address:	
Clinic:	

5

My Appointment

Appointment date	2:
Clinic name:	
Clinic address:	

My appointment is for:	
	Other:
Lab	

My Other Doctor

Name:		
Phone:		
Address:		
Clinic:		

My Other Doctor

Name:		
Phone:		
Address:		
Clinic:		

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My Health Conditions	My Next Steps
	1
	2
	3
	Date completed:
6	19
My Health Conditions	My Next Steps
My Health Conditions	My Next Steps 1
My Health Conditions	
My Health Conditions	1

My Appointment Appointment date: Clinic name: Clinic address: Other: Lab

My Appointment Appointment date: Clinic name: Clinic address: Other: Lab

18

R	Current Medication
Medicine:	
How many:	
How often:	
What is it fo	r?
Medicine:	
How many:	
How often:	
What is it fo	77
Medicine:	
How many:	

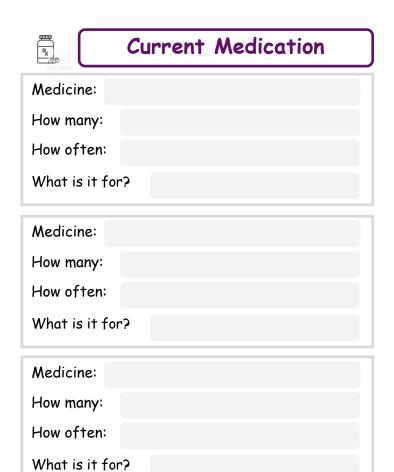
How often:

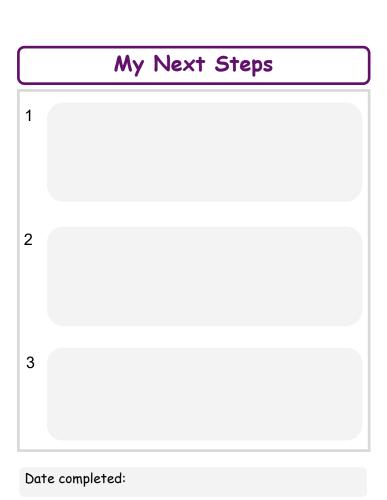
What is it for?

1		
2		
3		
Dat	e completed:	

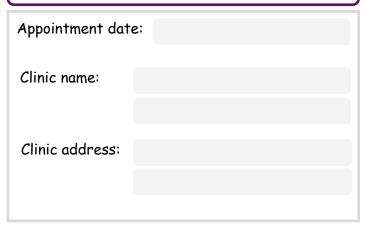
17

My Next Steps

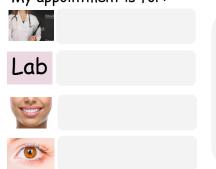




My Appointment



My appointment is for:



Other:

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Current Medication

Medicine:
How many:
How often:
What is it for?

Medicine:
How many:
How often:
What is it for?

Medicine:
How many:
How often:
What is it for?

9

My Appointment

Appointment dates	
Clinic name:	
Clinic address:	

My appointment is for:

Steel Steel	
Lab	

Other:



Current Medication

Medicine:	
How many:	
How often:	
What is it for	ç

Medicine:
How many:
How often:
What is it for?

Medicine:		
How many:		
How often:		
What is it for	?	

R	Current Medication
Medicine:	
How many:	
How often:	
What is it for	?
Medicine:	
How many:	
How often:	
What is it for	?
Medicine:	
How many:	

How often:

What is it for?

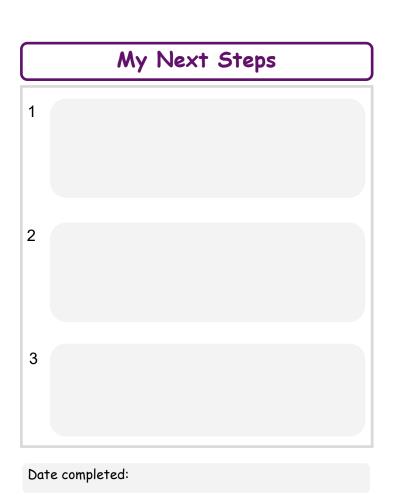
What is it for?

2

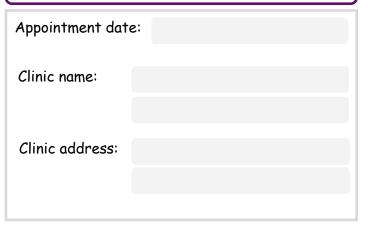
Date completed:

My Next Steps

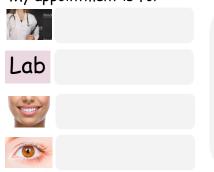
Current Medication Medicine: How many: How often: What is it for? Medicine: How many: How often: What is it for? Medicine: How often: How often: How many: How often:



My Appointment



My appointment is for:



Other:

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Current Medication

Medicine:
How many:
How often:
What is it for?

Medicine:
How many:
How often:
What is it for?

Medicine:
How many:
How often:
What is it for?

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My Appointment

Appointment date:
Clinic name:
Clinic address:

My appointment is for:



Other:



Current Medication

Medicine:
How many:
How often:
What is it for?

Medicine:		
How many:		
How often:		
What is it for?	•	

Medicine:	
How many:	
How often:	
What is it for	

Appointment date: Clinic name: Clinic address: Other: Lab Date completed:

