

My Health Passport

First name:

Last name:

I speak:

Month / Year:



Funded by:

Financé par :



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

My Health Passport

First name:

Last name:

I speak:

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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:

Relationship:

2

My Next Steps

1

2

3

Date completed:

23

About Me

I like to be called:

Birthday:

Address:

Phone:

Contact and support person:

Name:

Phone:

Address:

Relationship:

2

My Next Steps

1

2

3

Date completed:

23

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



22

Secondary contact and support person:

Name:

Phone:

Address:

Relationship:



My Family Doctor

Name:

Phone:

Address:

Clinic:

3

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



22

Secondary contact and support person:

Name:

Phone:

Address:

Relationship:



My Family Doctor

Name:

Phone:

Address:

Clinic:

3



My Teeth Doctor

Name:

Phone:

Address:

Clinic:



My Eye Doctor

Name:

Phone:

Address:

Clinic:

4

My Next Steps

1

2

3

Date completed:

21



My Teeth Doctor

Name:

Phone:

Address:

Clinic:



My Eye Doctor

Name:

Phone:

Address:

Clinic:

4

My Next Steps

1

2

3

Date completed:

21

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



20

My Other Doctor

Name:

Phone:

Address:

Clinic:

My Other Doctor

Name:

Phone:

Address:

Clinic:

5

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



20

My Other Doctor

Name:

Phone:

Address:

Clinic:

My Other Doctor

Name:

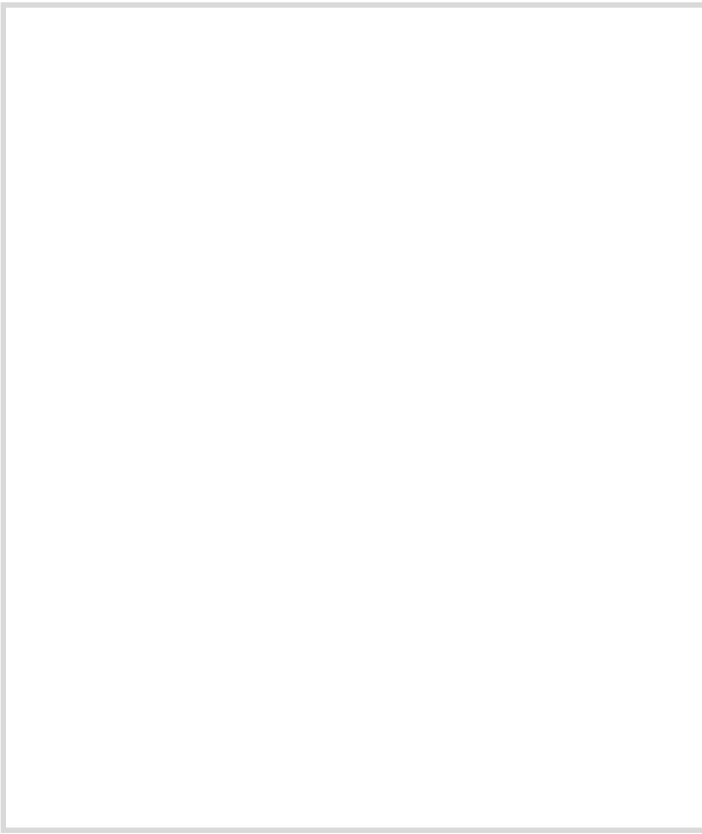
Phone:

Address:

Clinic:

5

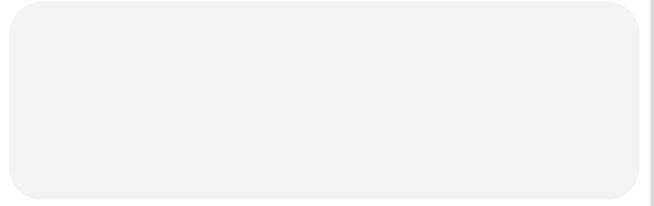
My Health Conditions



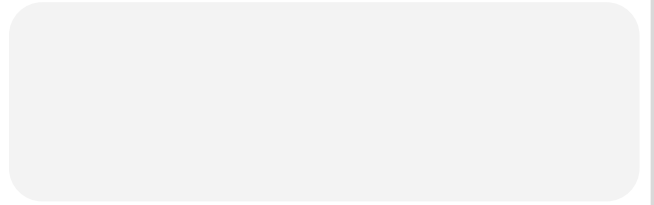
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My Next Steps

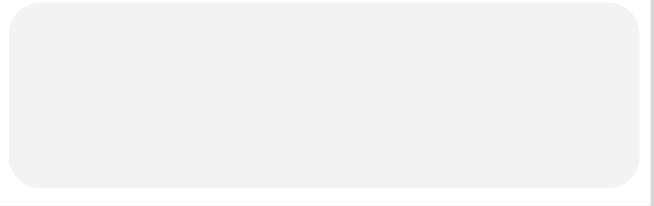
1



2



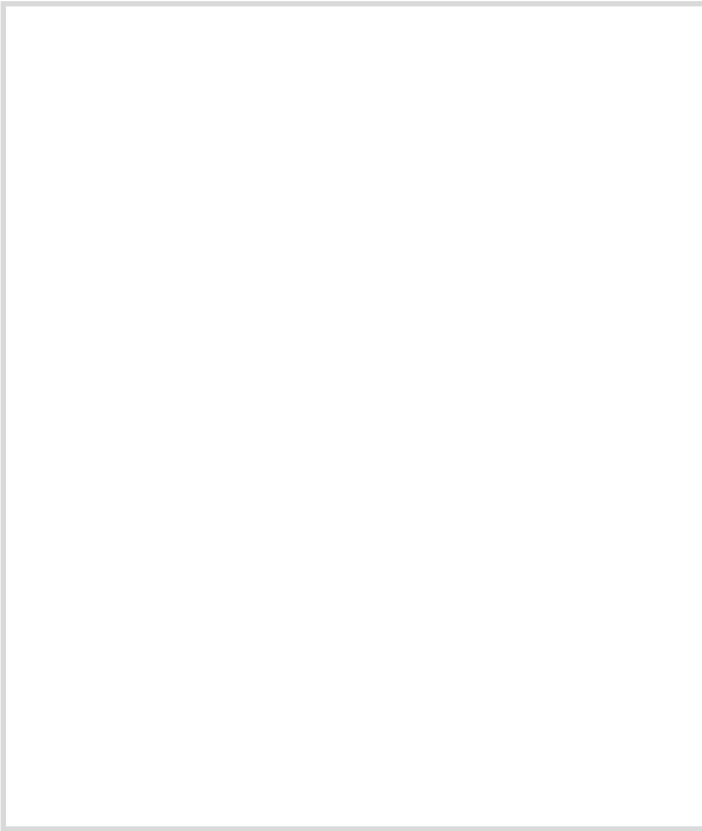
3



Date completed:

19

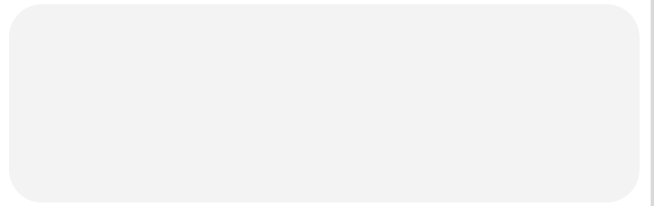
My Health Conditions



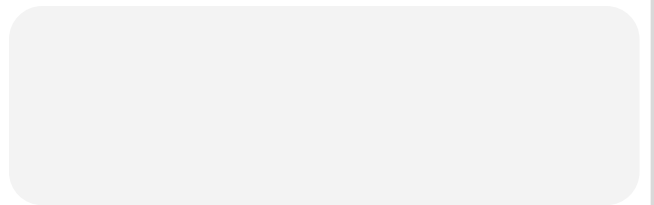
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My Next Steps

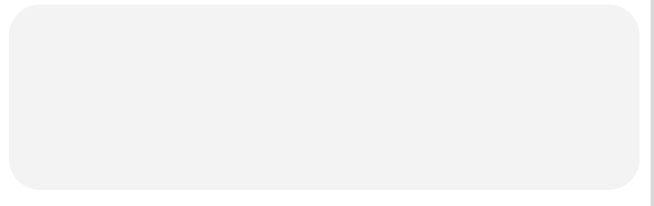
1



2



3



Date completed:

19

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



18

My Health Conditions

7

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



18

My Health Conditions

7



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?

My Next Steps

1

2

3

Date completed:



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?

My Next Steps

1

2

3

Date completed:

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



16



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 date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



16



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



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?

10

My Next Steps

1

2

3

Date completed:

15



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?

10

My Next Steps

1

2

3

Date completed:

15

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



14



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?

11

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



14



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?

11

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



12

My Next Steps

1

2

3

Date completed:

13

My Appointment

Appointment date:

Clinic name:

Clinic address:

My appointment is for:



Other:

Lab



12

My Next Steps

1

2

3

Date completed:

13