About My Health

Surrey Place Developmental
Disabilities Primary Care Program

❶ My Information

Name
First | Last

Birthday
Year | Month | Day

I like to be called
☐ He ☐ She ☐ They

My Address
Apt # | Street | Province | Postal Code

My phone number

My health card number

Expiry date:

I live (check all that apply)
☐ Alone ☐ With family ☐ With parents ☐ With roommates ☐ Other:
☐ With spouse/partner ☐ With friends ☐ In a group home ☐ In supported independent living

❷ Things I want you to know about me (Note: think about who will be seeing the form when you decide what to include)

My interests and what I like to do

Important people in my life

Difficult life experiences I have had that I want you to know about

❸ My emergency contact

Name
First | Last

Relationship to me

Address
Apt # | Street | Province | Postal Code

Phone number

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

Name
First | Last

Relationship to me

Address
Apt # | Street | Province | Postal Code

Phone number

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

Name
First | Last

Relationship to me

Address
Apt # | Street | Province | Postal Code

Phone number

6 Important things about my health

Medical history and conditions	Things I am allergic to and what happens to me (if known)

7 My family doctor (or nurse practitioner)

Name

First	Last

Phone number

Address

Unit #	Street	Province	Postal Code

Fax number

8 My pharmacy

Name

Phone number

Address

Unit #	Street	Province	Postal Code

Fax number

9 My medications (please attach or bring medication list)

Do I have drug coverage?

☐ Yes ☐ No

My drugs are paid for

☐ Ontario Disability Support Program (ODSP) ☐ Ontario Drug Benefit (ODB) ☐ Other ☐ I don't know

How do I take my medications?

☐ Whole ☐ Crushed ☐ Mixed with Food ☐ Other

10 How can you make my health care visit better?

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

If I am...	I show it by:	You can help me by:
Scared/nervous		
Uncomfortable/overstimulated		
In pain/hurting		
Sad		
Angry		

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

- ☐ Show and tell me what you are doing
- ☐ Let me ask questions
- ☐ Use numbing cream for needles
- ☐ Be quiet so I can concentrate
- ☐ I like my hand held
- ☐ Remind me to take deep breaths
- ☐ I like hearing how well I am doing
- ☐ Talk me through each step as you do it
- ☐ Remind and help me count to ten
- ☐ I like a little something to look forward to after
- ☐ Let me touch the equipment
- ☐ Play music or sing

Get me to look away and do it as quickly as you can

Other:

Things that you can do to help me understand:

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

☐ Other

Things I like at health care visits:

Things I don't like at health care visits:

⑪ Other helpful information for doctors and nurses

Do I have a...

These plans may include information on things you can do to help me calm down or feel better.
Ask me or the person supporting me for this information or find it attached.

☐ Health Care Plan ☐ Emergency or Crisis Plan ☐ Other

More information about my health is attached to this form ☐ Yes ☐ No