

Tips for Filling out the About My Health Tool

The About My Health tool was created to *help the people you are supporting share key health information with new health care providers to help appointments run more smoothly*. This tool provides a brief summary of a person's health that will help health care providers understand their strengths and needs more easily.

Here are some tips to help you fill out and use the About My Health tool:

- When filling out the tool with someone you are supporting, consider the person's level of independence:
 - If they require greater support, you may want to try to involve family members or staff who know the person you are supporting well to get their input as you are filling it out.
 - If the person you are supporting is more independent, you can invite them to fill it out with support or to fill it out on their own.
- This tool should be updated on a yearly basis to ensure that the information listed is up-to-date.
- This tool was not designed to be taken to every health care visit. Instead, this tool can be photocopied and used to:
 - Provide a summary of a person's health to a new health care provider (e.g., family doctor, specialist, walk-in clinic, emergency room visit, hospital visit, dentist, eye doctor, etc.).
 - Provide health information to a health care provider you are seeing again after there has been a change in the health of the person you are supporting.
 - Orient new staff who are not familiar with the needs of the person they will be supporting. This is especially important in cases of emergency where a non-primary staff has to accompany the individual to a health care visit.
- This tool is not meant to provide an individual's full and detailed medical history. Instead, the purpose of this tool is to highlight key aspects of an individual's medical record that are important for health care providers to know.

Here are some tips to help you fill out specific sections of the About My Health tool:

About My Health

Surrey Place Centre Developmental
Disabilities Primary Care Program

My Information

Name: [First Name] [Last Name] Birthday: [Month] [Day] [Year] I like to be called: He She They

My Address: [Street] [City] [Province] [Postal Code] My phone number: [Area Code] [Number]

My health card number: [Number] Expiry date: [Month] [Year]

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

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: [Text Area]

Important people in my life: [Text Area]

Difficult life experiences I have had that I want you to know about: [Text Area]

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

Name: [First Name] [Last Name] Relationship to me: [Text Area]

My Address: [Street] [City] [Province] [Postal Code] Phone number: [Area Code] [Number]

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

Name: [First Name] [Last Name] Relationship to me: [Text Area]

My Address: [Street] [City] [Province] [Postal Code] Phone number: [Area Code] [Number]

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“Things I want you to know about me” section:

- Make sure that the person you are supporting is comfortable with the information that is listed in this section (e.g., specific difficult life experiences) as there may be some information that the person you are supporting may not want to share with health care providers.
- If they are able, it is important that the person you are supporting is given the opportunity to approve the information that is provided.

