

My Health Information

Your Mywell Health planner is a useful organizational tool. You can store your health information in it, and provide access whenever you need it online, in print, or by phone. Start by completing the 'My Health Information' activities. These step-by-step activities will help you gather and record important past and present health information to gain a better understanding of your health.

It is important to keep your 'health profile' current, noting any health and medical changes as they occur. With all your health information in one place, you will be better informed when decisions need to be made.

[MywellHealth.info](https://www.mywellhealth.info)

Write your full name & date completed/updated here:
(It will automatically appear on every page)

Activities

My Health Profile

Create an up-to-date record of your health information.

Collecting My Health Information

Gather your health information from professionals and online services.

Tips for Health Care Visits

Learn how to prepare and get the most out of your health care visits.

Recording Health Questions and Plans

Write out questions, whom you asked, their answers, and plans or instructions.

Keeping a Health Calendar

Record your health appointments, tests, treatments, medication changes, new symptoms, and other important dates.

Resource Kit

Click the underlined words in each activity to explore our online [resource kit](#). The resource kit provides definitions, educational materials, links to websites, videos, and more!

Medical Emergency

If you have a medical emergency call 911. Do NOT use the planner or website for medical emergencies. If you have a medical concern, call your physician or a health care professional.

The general information provided on the website and planner is for informational purposes only and is not professional medical advice. Please read the [Terms of Use](#).

My Health Profile

Learn about, record and routinely update your health information by completing your [health profile](#). The following tables encourage you to explore and think about important factors that impact your health. Your up-to-date health profile will help you participate in health care decisions, advocate for yourself, and navigate your choices with confidence.

Start by gathering your notes, medical letters, medications, vaccination records, and medical reports. Fill in the tables as you are able. Part of this activity will be to seek information from your health professionals, family members, and online sources.

Tip: As you are completing your [health profile](#) you might come across terms/words that are new to you. Use the [resource kit](#) to learn more. Check out the next activity, 'Collecting My Health Information', for other sources of your health information.

Personal & Emergency Information

Tip: Some words might be new to you. Click on the underlined text to open your online [resource kit](#) that provides definitions, articles, government websites, videos and more.

Personal Information	
Full Name	
Preferred Name/ Goes by	
<u>Pronoun</u>	
Phone	
Email	
Street Address	
City & Postal Code	
Date of Birth (Day, Month, Year)	
Place of Birth	
<u>Personal/ Provincial Health Number (PHN)</u>	
<u>Social Insurance Number (SIN)</u>	
Family <u>Physician</u> & City	
Preferred Language	
Interpreter Name & Phone number	

Emergency Contacts	
First <u>Emergency Contact</u>	
Full Name	
Relationship	
Phone	
Second Emergency Contact	
Full Name	
Relationship	
Phone	
<u>Temporary Substitute Decision-Maker or Substitute Decision-Maker</u>	
Full Name	
Phone	
<u>Power of Attorney (Enduring)</u>	
Full Name	
Phone	
Are you a “Registered’ <u>Organ Donor</u>?”	
Do you have a <u>Do Not Resuscitate (DNR) or No CPR</u> written order?	
Do you wear a <u>Medic Alert</u>?	

Tip: Have you identified others who can make decisions for you, if you become very ill or unconscious? There is a difference between a temporary substitute decision-maker and substitute decision-maker. Learn about a power of attorney (Enduring). Complete the activity “Choosing a Temporary or Substitute Decision-Maker”.

Medications

It is important to know and record all items on your medication list. This includes all medications you take that have been prescribed, as well as, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular or casual basis. All these substances together can cause interactions that can impact your health.

Tip: Check with your pharmacist for an updated lists of all your prescribed and purchased medications. Review this list every year with your physician or nurse practitioner.

Medication List

Make a complete medication list. Include all prescribed medications, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular basis.

Name	Dosage/Amount Taken	Date Started & Reason For Taking

Substance Use

Alcohol and recreational drug use can impact medications, mood and overall health. It is important to know what and how much you use daily or weekly. This is a question that is asked at a hospital admission or before surgery. Your physician, nurse practitioner, specialist or anyone who prescribes medications to you should have this information.

Alcohol Use

List types of alcohol and number of drinks daily/weekly. Learn more about alcohol use.

Recreational Drug & Cannabis Use

List types of drugs and amount taken daily/weekly. Learn more about recreational drug use. Describe age started and/or stopped. Number of years as a recreational or cannabis user.

Tobacco Use

Amount smoked, vaped or chewed daily/weekly. Learn more about tobacco use. Describe age started and/or stopped. Number of years as a smoker.

Allergies

Allergies to Medications

List all allergies and sensitivities you have to medications. Include all over the counter drugs, vitamins, herbs, supplements, inhalers and creams. Describe your reaction and treatment.

What you are allergic to?	Allergic Reaction	Treatment

Other Allergens

List all allergies you have to other substances; include foods, insect bites , smells and any products (soaps, cleaning agents, perfumes), or substances (latex, plastics). Describe your reaction and treatment.

What you are allergic to?	Allergic Reaction	Treatment

Tip: If you have severe reactions to any medications or substances, such as difficulty breathing, you might want to learn about Medic Alert and or carry an Epi-pen.

Health, Medical & Surgical History

Your health and medical history should include your health conditions, mental illnesses, surgical history, infectious diseases, vaccination record, family health history, and emotional health concerns. The more you know and can share with health professionals, the better they can care for you.

Tip: Use the activities in, 'Collecting My Health Information' for suggestions on how to gather information.

General Health	
<u>Blood Type</u> (If known)	
<u>Hearing</u> Any changes or concerns? Do you wear hearing aids?	
<u>Vision</u> Any changes or concerns? Do you wear glasses or contact lenses?	
<u>Emotional Health</u> Describe if you have problems or concerns with anxiety, <u>depression</u> , <u>sleep changes</u> , mood swings, <u>memory loss</u> , <u>confusion</u> or <u>dementia</u> .	
<u>Mobility Concerns, Falls or Safety Issues</u> Do you have any problems or concerns with your mobility? Have you fallen in the past few months? Do you use a cane, walker or any <u>mobility aids/ devices</u> ?	
<u>Medical Assistant Devices</u> Do you have any medical assistant devices such as insulin pump, feeding tube, central line, heart pacemaker, or other?	

Infectious Diseases

Describe any short-term and long-term effects of these infectious diseases on your health.

<u>Infectious Disease</u>	<u>Date (Month, Year)</u>
<u>Covid-19</u>	
<u>MRSA</u>	
<u>Hepatitis (Type)</u>	

Hospitalizations

List your hospitalizations in the previous 5 years or any significant hospitalization in the past.

<u>Date (Month, Year)</u>	<u>Reason for Hospitalization & Length of Stay</u>

Surgical History

Describe your surgical history by listing the surgery name, reason for the surgery, and any complications or reactions to anesthetics.

Month & Year	Name of Surgeon	Name of Surgery	Description

Family Health History

Describe your family health history (of relatives you are connected to genetically and biologically).

Relationship of Family Member	Describe their health history including <u>health conditions</u> , diagnoses, age of diagnosis, current age, or cause of death.
Mother	
Father	
Siblings	
Children	

Adult <u>Vaccination Record</u>		
Name of Vaccine	Most Recent Date (Month, Year)	Reaction if any?
<u>Influenza vaccine</u>		
<u>Covid vaccine</u>		
Last <u>Tetanus vaccine</u>		
<u>Shingles vaccine #1</u>		
<u>Shingles vaccine #2</u>		
<u>Hepatitis vaccine A</u>		
<u>Hepatitis vaccine B</u>		
<u>Human Papillomavirus (HPV)</u>		

Tip: Learn how to set up an account with [Health Gateway BC](#) to access your current vaccination record.
 Learn more about vaccines at [Immunize BC](#).

Notes for My Health Information

Use the 'Notes for My Health Information' to collect all your thoughts in one place. A place to make quick notes if you do not have all the correct information you need to complete an activity or information table.

Date	A place to record your thoughts, questions, and learning

Notes	
Date	A place to record your thoughts, questions, and learning