Mywell Health

My Health Profile

Your Health Profile helps you learn about and track your personal health information. You will need to collect your health information from a variety of sources. Everyone should have their own profile. An up-to-date health profile allows you to share your health journey, advocate for yourself in decisions, and navigate the system with confidence.

Visit the Mywell Health website at https://mywellhealth.info/ for tools and activities to support your learning. Share your health profile with your health care professionals and care partners. Save a digital copy to your cloud-based storage for 24/7 access, including emergencies. Mywell Health is free, accessible to all, and does not collect or record any of your personal information.

Resource Kit

Click the underlined words in each activity to explore the **Mywell Health** online resource kit. The resource kit provides definitions and links to research-based websites, services, resources, tools, videos, and more!

MywellHealth.info

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

Health Profile Checklist		Completed in Health Profile	
Check List Items	Updated	Check List Items	Date
Full Name (pg 3)		Allergies (pg 8)	
Birth Date		General Health & Devices (pg 9)	
Provincial Health Number		Health Conditions/ Symptoms (pg 10)	
Family Physician Contact		Infectious Diseases (pg 11)	
Nurse Practitioner Contact		Hospitalizations (pg 11)	
Emergency Contact (pg 4)		Surgical History (pg 12)	
Health Advocate		Family Health History (pg 13)	
Substitute Decision-Maker		Sexual Health (pg 14)	
Temporary Substitute DM		Emotional Health (pg 15)	
Power of Attorney (Enduring)		Adult Vaccination Record (pg 16)	
Organ Donor		General Notes & Concerns (pg 17)	
MOST Form (pg 4)			
No CPR / DNR Form			
Medical Alert			
Medication List (pg 5)			
Alcohol Use (pg 7)			
Recreational Drug Use			
Tobacco Use			

Personal & Emergency Information

Tip: Some words might be new to you. Click on the underlined text to open the online resource kit that provides definitions, links to research-based & government websites, services, resources, tools, videos and more.

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

Emergency Information	
Emergency Contact Full Name	
Relationship / Phone	
Health Advocate Contact Full Name	
Relationship/ Phone	
Temporary Substitute Decision-Maker or Substitute Decision-Maker Full Name & Phone	
Temporary Substitute Decision-Maker or Substitute Decision-Maker Full Name & Phone	
Power of Attorney (Enduring) Full Name & Phone	
Are you a "Registered' Organ Donor?	
Do you have an Advance Directive?	
Do you have a have Medical Orders for Scope of Treatment (MOST) Form?	
Do you have a Do Not Resuscitate (DNR) or No CPR written order?	
Do you wear a Medic Alert?	

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).

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 you 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	Reason For Taking & List Any Side Effects

Medication List (2)

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	Reason For Taking & List Any Side Effects

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, sexual health, emotional health, infectious diseases, vaccination record, family health history, and any concerns. The more you know and can share with health professionals, the better they can care for you.

Tip: Learn how to save and share your health profile digitally so that you can access it on your phone during appointments or during an emergency.

General Health

Hearing Any changes or concerns? Do you wear hearing aids?	
Vision Any changes or concerns? Do you wear glasses or contact lenses?	
Emotional Health Describe if you have experienced or concerns with anxiety, depression, suicidal thoughts, sleep problems, mood swings, memory loss, confusion or dementia. (Provide more details on page 15)	
Mobility Concerns, Falls or Safety Issues Do you have any problems or concerns with your mobility? Do you have weakness, dizziness, or limitted coordination? Have you fallen in the past few months? Do you use any mobility aids/ devices?	
Medical Assistive Devices Do you have any medical assistant devices such as insulin pump, feeding tube, ostomy, central line, heart pacemaker, or other?	

Health Conditions (Physical and Mental Illnesses)

List all of your physical and mental illnesses. Include chronic pain and other health issues you deal with on a regular basis. Describe how each health condition impacts you physically, mentally, and socially.

Name/ Diagnosis	**Year of Onset**	**How does the condition impact your daily life?** Include list of symptoms, treatments, and any regular tests.

Infectious Diseases

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

Infectious Disease	Date (Month, Year)
Covid-19	
MRSA	
Hepatitis (Type)	

Hospitalizations

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

Date (Month, Year)	Reason for Hospitalization & Length of Stay

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 health conditions, diagnoses, age of diagnosis, current age, or cause of death.
Mother	
Father	
Siblings	
Children	

Sexual Health

Describe your sexual health concerns and issues as it is impacted by your health conditions, medications, treatments and/or age.

	Describe your sexual health history and currrent concerns
Gender Identity & Sexual Orientation	
Recommended Screening (Mammogram, Testicular, Prostate, Breast, Cervical, other.)	
Sexually Transmitted Infections (STIs)	
Sexual Functioning	
Contraception	
Reproductive Health	
Menopause	
Other	

Emotional Health

Describe your emotional health and how it impacts your daily life.

	Describe the symptoms related to your emotional health, including how frequently they occur and the impact they have on your daily life. List any medications, therapies, and coping strategies you use..
Anxiety	
Depression	
Suicidal Thoughts	
Mood Changes	
Sleep Problems	
Behavioral Changes	
Stress	
Confusion	

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

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 Profile

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 and/or you have questions to be answered..

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

Notes

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