

Well on Your Way

Helping Youth Transition to Adult Healthcare



My Health Information

When you transfer to the adult healthcare system, it will be important to know or have access to your health information. It also helps you answer many of the questions asked by healthcare providers. This document will help you start to think about what you already know and what you still need to find out.

Name	
Date of birth	
Address (including postal code)	
Phone Number	
Alberta Health Care #	
What is the name of your medical condition?	
When was your medical condition diagnosed?	
What caused your medical condition? How did you get it?	
How does your medical condition affect your body or mind? (For example, what are the signs and symptoms of your condition?)	
Do you need medications or treatment? If so, what are they? (Include name of medication, reason for it, dosage & frequency) *Don't forget about vitamins, supplements and birth control	
What should you do to monitor your condition and keep yourself healthy (For example, regular blood tests, exercise, stretches, eat a special diet, check bone density regularly)? Why? How often?	

For patient: This material is for information purposes only and should not be used in place of medical advice, instruction or treatment. If you have questions talk with your doctor or appropriate healthcare provider. Keep these documents safe. AHS does not have custody or control of these documents.

For healthcare provider: Use of this document/information is solely for the purpose of the patient and/or parent and is not to be placed on the patient's medical file.

Well on Your Way

Helping Youth Transition to Adult Healthcare



My Health Information (Continued)

What are the signs that you are getting sick or your condition is getting worse?	
What should you do when your condition is getting worse?	
What triggers your condition to get worse?	
What are some potential long term effects of your condition?	
Do you wear a medic alert bracelet?	<input type="checkbox"/> Yes If yes, is your information up to date? <input type="checkbox"/> No
Have you had any operations? What for and when?	
Blood Type	<input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> AB+ <input type="checkbox"/> AB-
Are your immunizations up-to-date? (Check the ones that are) Click here to access your immunization records.	<input type="checkbox"/> DPT (Diphtheria, pertussis, tetanus) <input type="checkbox"/> Varicella <input type="checkbox"/> HIB (Haemophilus Influenza-Type B) <input type="checkbox"/> Hepatitis A <input type="checkbox"/> MMR (Measles, mumps, rubella) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Polio <input type="checkbox"/> HPV (Human papillomavirus) <input type="checkbox"/> PCV13/Prevnar (Pneumococcal conjugate) <input type="checkbox"/> Meningitis (Meningococcal Conjugate – Groups A, C, W-135 & Y) <input type="checkbox"/> Influenza (annual) <input type="checkbox"/> Others? _____
Allergies to Medication (include what the reaction is)	

For patient: This material is for information purposes only and should not be used in place of medical advice, instruction or treatment. If you have questions talk with your doctor or appropriate healthcare provider. Keep these documents safe. AHS does not have custody or control of these documents.
For healthcare provider: Use of this document/information is solely for the purpose of the patient and/or parent and is not to be placed on the patient's medical file.

Well on Your Way

Helping Youth Transition to Adult Healthcare



My Health Information (Continued)

Other allergies		
How do you pay for medications, supplies and healthcare needs, not covered by Alberta Health Care (For example, dental, eye glasses, physiotherapy?)		What is your plan number?
Where do you usually buy your prescriptions?	Pharmacy name:	
	Pharmacy address:	
	Phone number:	
Who is your family doctor?	Doctor name:	
	Clinic address:	
	Phone number:	
Who should be called in case of an emergency?	Name:	
	Relationship:	
	Phone number:	
Do you have any other special needs?		
Other information specific to your condition		

For patient: This material is for information purposes only and should not be used in place of medical advice, instruction or treatment. If you have questions talk with your doctor or appropriate healthcare provider. Keep these documents safe. AHS does not have custody or control of these documents.

For healthcare provider: Use of this document/information is solely for the purpose of the patient and/or parent and is not to be placed on the patient's medical file.