Health Summary

For: _____

Date: _____

Bring this to every appointment. Include prescriptions, over-the-counter drugs, vitamins, herbal products, drops, creams, inhalers and patches. Note anything that was stopped, and when.

Medication	Dose and schedule	What it's for	Prescriber

Allergies and bad reactions	Conditions and devices (pacemaker, pump, hearing aid)

Providers	Name	Phone	Notes
Family doctor			
Specialists			
Dentist			
Pharmacy			
Preferred hospital			

Health Summary · Wishes and Decision-Maker

For:

Date:

Wishes guide the people deciding. They are not a script. Update them after any hospital stay or change in health.

Item	Notes
Who speaks for me if I cannot (and backup)	
Written advance care wishes: where kept	
What matters most to me	
Treatments I would always want	
Treatments I would never want	
Where I would like to be cared for	
Faith, culture or family traditions to respect	
Organ and tissue donation	
Last reviewed (date and by whom)	

Notes from appointments