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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication Information**"ODSP"Drug Plan - Check for CoveragePharmacy:

|  |  |
| --- | --- |
| Health Concerns | Family of Medications |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

 | UPDATED     (mmm/dd/yyAdditional Information"Please refer to "Primary Health Guidelines & Tools for the Primary Care of People with Developmental Disability"@www.surreyplace.on.caclick under "clinical"cnsc_eastern_ENFRblack | H.I.P.Health Information Profile

|  |
| --- |
| ***I prefer to be called:*** |
|  |
|  |
| ***Health Card #:***  |
|  |
| ***Address:*** |
|  |
|  |
| ***Telephone #:***  |
| **.** |

      |
| **Health Information**

|  |
| --- |
| Allergies: |
|  |
| *
 |
| *
 |
| *
 |
|  |
| Relevant Medical Diagnosis: |

*

*

*

*

|  |  |
| --- | --- |
| Dual Diagnosis:    | Yes [ ]  No [ ]  |
| Psychiatric Admission:    | Yes [ ]  No [ ]  |

   | **Communication and Behaviour**

|  |
| --- |
| **Cautions:** |
|        |
|  |
|     **Behavioural Triggers**: |
|        |
|       |
|     **Response Behaviours:** |
|        |
|  |
|     **How to Help:** |
|        |
|       |
|     **Communication:** |
|   |
|       |
|     **Usual Response to Pain or Distress:** |
|        |
|      |
|     **Lifestyle:** |
|    |

 | **Contact Information**

|  |
| --- |
| **Medical and Agency Contacts:** |
| Physician Contact: |
|       |
|     Primary Agency contact: |
|        |
|    EMERGENCY CONTACT: |
|       |
|    SUBSTITUTE DECISION MAKER: |
|       |

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