

# Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

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My name is:

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I like to be known as:

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My date of birth is:

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In an emergency please contact:

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Date this form was completed

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A photo of me can be put here



# About My Health



My health needs (medical History):



Things I am allergic to:



Tablets or medicine that I take:



The support I need to take my tablets or medicine:



How I will show you or tell you I am in pain or unwell:

# How I need you to support me (Including any reasonable adjustments I may need)



How I need you to support me:

# How I need you to support me continued



How we can best communicate:



Other important things I would like you to know about me:



Name of person completing this form: