

Life MARK

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H E A L T H



***Portable  
Medical Profile***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female Blood Type \_\_\_\_\_ Race \_\_\_\_\_

Identifying Features \_\_\_\_\_

Vision Status \_\_\_\_\_ Hearing Status \_\_\_\_\_

Prosthetics/Orthotics \_\_\_\_\_

Allergies/Sensitivities \_\_\_\_\_

Swallowing Status \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

If someone assists with daily care please list:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

### Advance Directives

Living Will

Health Care Agent

Durable Power of Attorney for Health Care

Kept at \_\_\_\_\_

**Hospital and insurance Information**

Preferred Hospital \_\_\_\_\_ Health Care # \_\_\_\_\_

Extended Health Care (EHC) Insurance \_\_\_\_\_

EHC Insurance # \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Auto insurance Policy # \_\_\_\_\_

**Immunizations**

Type	Date of Immunization

**Doctors, Dentist, Other Healthcare Providers**

Name and Specialty

Phone

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## Family History

Do any siblings, parents, grandparents, have a history of: (check if yes)

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Asthma/COPD<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Heart Disease before age 60<br><input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Depression<br><input type="checkbox"/> Alcohol Abuse<br><input type="checkbox"/> Dementia |
|---|--|

Type

Other \_\_\_\_\_

## Personal Habits

Currently Smokes  
                   Cigars \_\_\_\_\_ Pipe \_\_\_\_\_ Cigarettes \_\_\_\_\_  
 \_\_\_\_\_ per day, for \_\_\_\_\_ years.

Stopped Smoking \_\_\_\_\_ (approx. year)

Drinks Alcohol \_\_\_\_\_ drinks per day.

Exercises \_\_\_\_\_ minutes, \_\_\_\_\_ days per week.

Other Risk Factors: \_\_\_\_\_

## Chronic Conditions

## When Diagnosed

Arthritis	
Asthma / COPD	
Cancer, Type:	
Diabetes, Type 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Heart Disease	

**Specific Conditions & Notes:**

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**Functional Status:**

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**Equipment/Devices Used:**

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**Health History**

*Use this record to keep track of medical procedures, surgeries and hospitalizations.*

**Procedures/Surgeries**

**Year**

<b>Procedures/Surgeries</b>	<b>Year</b>





## LifeMark Health

...is a privately owned Canadian health care services organization that owns & operates over 90 rehabilitation centres across Canada.



Helping You Reach Your Potential

For LifeMark clinic locations

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