

**Full Name****Medical Summary (as of date)**

Address:

Phone:

Email:

Emergency Contacts: (*relationship, name, phone*)

Birthdate:  
 BC Care #  
 Extended Health #  
 Travel Policy: (*company*) #

Family doctor: (*name, location, phone #*)  
 Specialists: (*specialty, name, location, phone #*)

Family history of health issues: (*e.g. cancer, heart, high/low blood pressure, diabetes, Alzheimer's, etc.*)  
 Health habits: non-smoker or smoker (*#/day, start date, quit date*)  
 Alcohol: *# drinks/week.* Drug use: (*specify/frequency*)

**Medical Condition:****Medication , dosage, prescribed by , since date*****ATTENTION! Allergy to penicillin! Pacemaker!***

High blood pressure (dx 2010)

**Perindopril** 4mg ¼ day (Dr. Jones), since 2016  
~~**Amlodipine** 2.5mg ½ day (Dr. Black) stopped Jan 4/22~~

Concussions

2010, 2014 (ER), 2018 (CT)

Sleep apnea

Bi-PAP machine (Vitalaire) since 2010

Sleep difficulties

**Zopiclone** 7.5 mg, as needed  
 Melatonin – as needed

Tinnitus (WCB)

hearing aids since 2017

**Vitamins, minerals, etc.**

Glaucoma (mild, detected 2010)

Vitalux – Lutien 10 mg, 2/day, (Dr. Blue)

Muscle pain

Magnesium – 150 mg, 1/day

**Surgeries:**

Year / surgery for / outcome or issues

**Medication issues:** (reactions, allergies)- Medication / issues ***Allergy to penicillin!*****Immunizations:** (*item - date*)

- Shingrix –
- Tetanus –
- Pneumovax –
- Flu shot annually –
- Covid -