

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!***

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 -