



Name		Gender	Age	DOB
		Health Card - - -		
Address			Emergency Contacts	
Phone	() -	1. () -	2. () -	




CODE STATUS	<input type="checkbox"/> FULL CODE <u>OR</u> <input type="checkbox"/> ALLOW NATURAL DEATH / DNR	SDM	<input type="checkbox"/> POA FOR PC ? <i>please see legend</i>
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ALLERGIES	
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MEDICAL CONDITIONS (Current + Past)			SURGERIES
1.	8.	15.	
2.	9.	16.	
3.	10.	17.	
4.	11.	18.	
5.	12.	19.	
6.	13.	20.	
7.	14.	21.	

CURRENT MEDICATIONS (Prescription Drugs, Puffers, Eye-Drops, Over-the-Counter Meds, and Herbal Remedies)								
NAME	DOSE	FREQUENCY	NAME	DOSE	FREQUENCY	NAME	DOSE	FREQUENCY
1.			9.			17.		
2.			10.			18.		
3.			11.			19.		
4.			12.			20.		
5.			13.			21.		
6.			14.			22.		
7.			15.			23.		
8.			16.			24.		

FAMILY MEDICAL HISTORY		OR <input type="checkbox"/> N/A [Biological Family History Unknown]
Mother <input type="checkbox"/> <i>living</i> <input type="checkbox"/> <i>deceased</i>	Grandparents	
Father <input type="checkbox"/> <i>living</i> <input type="checkbox"/> <i>deceased</i>	Siblings	

SOCIAL HISTORY PLEASE NOTE: THIS INFORMATION IS <u>ONLY</u> USED TO PROVIDE THE BEST MEDICAL CARE			
Alcohol	Average alcoholic drinks per week: ___ 1 drink =    <small>5oz wine 1.5oz liquor 12oz beer</small>	Drugs	Recreational or street drugs: _____
Tobacco	Cigarettes: ___ pack(s) per day <input type="checkbox"/> Never Smoked	# of Years: ___ +/- Date Quit: _____ <input type="checkbox"/> vaping <input type="checkbox"/> e-cigarettes	Cannabis Average grams per week: ___ <input type="checkbox"/> smoke <input type="checkbox"/> oil <input type="checkbox"/> edibles

DATE: _____

LEGEND *FOR MORE INFORMATION, PLEASE VISIT: WWW.MAKINGMYWISHESKNOWN.CA*

"SDM" = Substitute Decision Maker → legal term for the person who will make health care decisions on your behalf if you are unable to do so
↳ this will be either: 1. automatically decided by law (as per the SDM Hierarchy—[click here for more info](#))
OR 2. someone you choose (by assigning a POA for PC—[see below](#))

"POA for PC" = Power of Attorney for Personal Care → person you have chosen to act as your SDM by preparing a legal document