

My Health Passport (Late)

YOU & i
Youth & Intermountain Health Club

Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Preferred Language: _____

Parent's Language: _____

Address: _____

Cell Phone: _____

Emergency Contacts: _____

Allergies: _____

My Medicine	Dose (<i>how much I take</i>)	Frequency (<i>how often</i>)	Route (<i>how I take it</i>)

✓ Technology Equipment Needs:

✓ How to Communicate with Me:

✓ Mobility/Equipment Needs:

✓ How I Best Manage Medical Procedures:

✓ My School:

✓ Provider Name and Contact Information:

✓ Brief Medical History/Current Problems:

✓ Eating, Drinking, Dietary Needs: (thickened, carb count, fluid restriction, etc.)

✓ Activities of Daily Living Assistance Needs: (bathing, getting dressed, brushing teeth, etc.)





Prior Hospitalizations and Surgeries:



Labs and imaging Information

Labs or Imaging:	Date	Result