# My Health Passport (middle)



Legal Name:	
Preferred Name:	Date of Birth:
Preferred Language:	Parent's Language:
Address:	
Cell Phone:	
Emergency Contacts:	

#### Allergies:

My Medicine	Dose (how much I take)	Frequency (how often)	Route (how I take it)





Mobility/Equipment Needs:





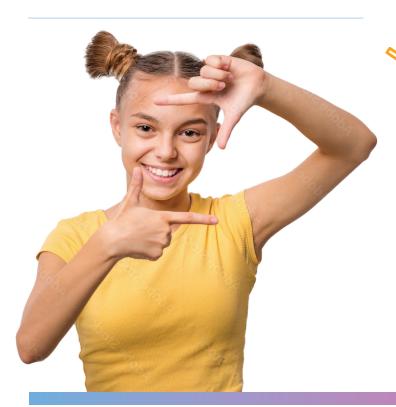
### **Primary Children's Hospital**



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.)



## **Primary Children's Hospital**