Health Care Information

PERSONAL INFORMATION

First Name	(Nickname)	Last Name	DOB or Age
Jordan	Jay	Smith	7/21/1975

Street Address	City, State, ZIP
My Sister's Place, 1010 House Street	Miami, Flordia

Preferred Language	Phone Number	Emergency Contact Information
English	Kayla Goodman	281-215-8661

Parent/Legal Representative	Parent/Legal Representative Phone/Email

Insurance Information	Pharmacy Information (most commonly used)
Medicaid	MarketMart, Main Street, Miami (786-555-1234)

Primary Care Provider/Contact Information	Specialty Care Providers/Contact Information
N/A	Grace Ivers, Peer Specialist (786-555-5454)

Communication Support Needed

Current Symptoms

Symptom	When it started
☒ Fever - Temp: 100.2 F	6/1/20
☒ Cough	5/30/20
☐ Muscle Pain/Fatigue	
☒ Shortness of Breath	6/3/20
☐ Chest Pain/Pressure	
☐ Blue Lips/Face	
☐ Nasal Congestion	
☐ Diarrhea	
☒ Loss of Smell/Taste	6/2/20
☒ Sore Throat	5/29/30
☐ Blood Oxygen <90	
☒ Headache	5/28/20
☐ Confusion/Won't Wake	
☐ Body Ache	
☐ Chills/Shaking with Chills	
☐ Other:	

Note: Information on this form may not be complete

Medication List

None

Allergies and Dietary Restrictions

Ambien -- blackouts

Medical/Assistive Devices and/or Service Animal

Check all that apply

- ☐ Neurodevelopmental disorder/ID
- ☐ Cancer
- ☐ COPD
- ☒ Emphysema
- ☐ Asthma
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Heart disease
- ☐ HIV/AIDS
- ☐ Diabetes
- ☐ Immunocompromised
- ☐ Severe obesity (>40 BMI)
- ☒ Mental illness
- ☐ Substance use
- ☐ Corticosteroid use
- ☒ Smoker
- ☒ Homeless
- ☐ Long-term care resident
- ☐ Pregnant
- ☐ Age 65 or older

Other Health Conditions

Exzema, Migraines

Advance Care Planning (check all that apply)

- ☐ HEALTH CARE ADVANCE DIRECTIVE OR LIVING WILL – Location, if known:
- ☐ POWER OF ATTORNEY– Location, if known:
- ☐ DO NOT RESUSCITATE (DNR) ORDER – Location, if known:
- ☐ PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST, MOLST OR POST)
- ☐ PSYCHIATRIC ADVANCE DIRECTIVE – Location, if known:

IMPORTANT – Health Care Person-Centered Profile on Reverse Side

Health Care Person-Centered Profile

What Matters to Me

Please call me

Ms. Jordan

1. What people appreciate about me

-I am a devoted choir member. People say I have the voice of an angel.
-I am creative/artistic - I always do all I can for my daughter
- I always do all I can for me daughter - I am a women of strong faith

2. Who and what is important to me

- My faith is my rock
- I had a very bad reaction with medication last year, where I had blackouts for several days. Please be patient with my questions. I'm concerned and need to understand everything.
- My daughter is being cared for by my cousin (Kayla Goodman, 281-215-8661). As long as I am able, please help me call them. No facetime with my daughter. I don't want her to be scared.
- Please contact Kayala with updates and information if I cannot communicate. She is who I would like to make any healthcare decisions if I can't make them for myself.

3. How to best support me

- Visits from Christian chaplain or reading any passages from my bible will give me peace
- Please ensure access to the phone so I can check on my daughter.
- I have a trauma history. Certain things will trigger me, please make sure my arms are not blocked and my vision is not blocked.
- I'm staying in a shelter and scared about what's next. Please explain what will happen at discharge to protect both myself and others.
- I prefer female caretakers when possible.
- If I'm upset, Grace (peer specialist), 281-605-6035 may be helpful

This Health Care Person-Centered Profile was completed by: ☒ Me ☐ Someone else

Name and relationship):