

Health Care Information

	PERSONAL INFORMATION				
First Name		(Nickname)	Last Name	DOB or Age	
Street Address			City, State, ZIP		
Preferred Language	Phone Number		Emergency Contact Information	Contact Information	
Parent/Legal Representat	ive		Parent/Legal Representative Phone	resentative Phone/Email	
Insurance Information			Pharmacy Information (most comm	most commonly used)	
Primary Care Provider/Co	ontact Information		Specialty Care Providers/Contact Ir	are Providers/Contact Information	
Communication Support N	ommunication Support Needed				

Current Symptoms	
Symptom	When it started
Fever - Temp:	
□ Cough	
□ Muscle Pain/Fatigue	
□ Shortness of Breath	
□ Chest Pain/Pressure	
□ Blue Lips/Face	
Nasal Congestion	
🗆 Diarrhea	
□ Loss of Smell/Taste	
□ Sore Throat	
□ Blood Oxygen <90	
Headache	
□ Confusion/Won't Wake	
🗆 Body Ache	
□ Chills/Shaking with Chills	
□ Other:	

Check all that apply

- □ Neurodevelopmental disorder/ID □ Cancer
- \Box COPD
- □ Emphysema
- □ Asthma

□ Liver disease □ Heart disease

□ Kidney disease

- □ 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

Advance Care Planning (check all that apply)

□ HEALTH CARE ADVANCE DIRECTIVE OR LIVING WILL – Location, if known:

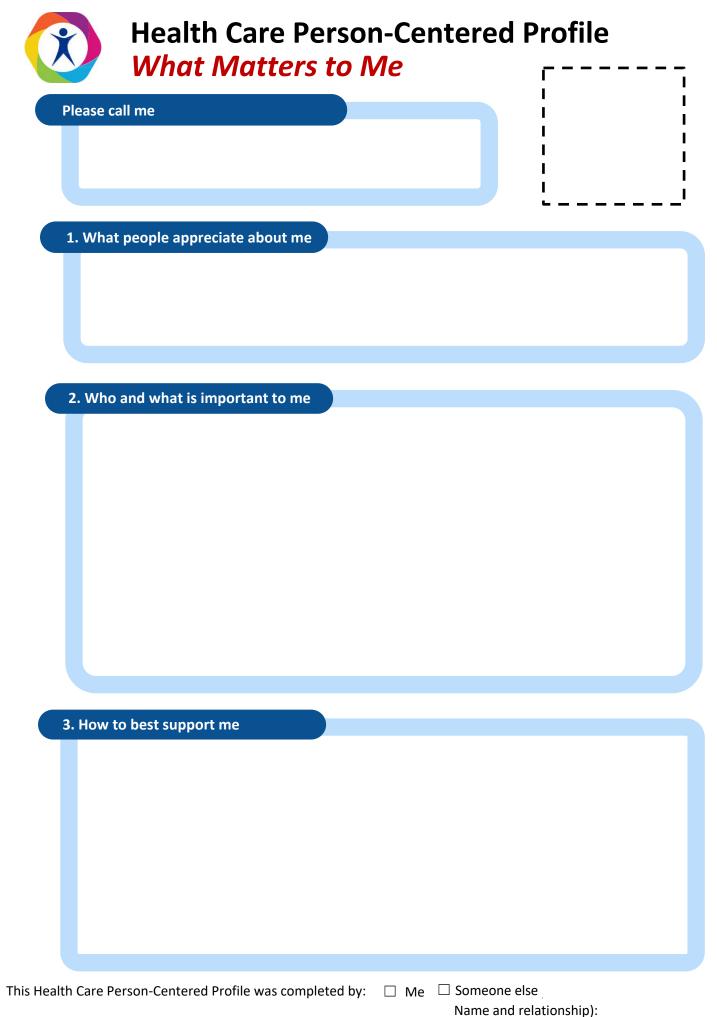
□ POWER OF ATTORNEY– Location, if known:

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





This is intended to help health care providers support this individual to make informed health care decisions and express their preferences and priorities. To learn more about person-centered thinking, planning and practices, visit the National Center on Advancing Person-Centered Practices and Systems at https://ncapps.acl.gov.

