



My Health Plan





MY HEALTH PLAN

Emotional/Mental Health

Name: _____

What	What helps me handle it
<i>Example - I am anxious about my friend's health</i>	<i>Reading, talking about it</i>



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Health Habits

Name: _____

What	When, how long
<i>Example - Walking</i>	<i>Daily, 30 minutes</i>



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Family History

Name: _____

What	Who
Example - Diabetes	Mother and sister



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Appointment Log

Name: _____

Date/Time	Health(care) provider information	Reason
Example - July 15, 2020, 3pm	Dr. Smith, 204-123-4567, 123 Any Street, Brandon, Manitoba, xxxx@xxx.com	Review blood work



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Illnesses/Injuries

Name: _____

What	When	Resolved?
<i>Example - Broken wrist</i>	<i>June 23, 2000</i>	<i>Yes</i>
Describe treatment, where treatment occurred, and goals <i>Example: arm casted, Brandon General Hospital, medication for pain, had physiotherapy. Goal: maximum range of motion</i>		



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Referrals and Consultations

Name: _____

Date Discussed	Referred to/by:	Reason	Date I was contacted
Example - May 15, 2020	Endocrinologist Dr. Smith by family doctor Dr. Green	Review blood work	June 15, 2020



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Test Results and Consultation Reports Cover Page



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**Test Requisitions
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It's Safe to Ask Medication Card Cover Page

Get your free *It's Safe to Ask Medication Card*:

- [download here](#) - Save the card to your computer first, then fill it in. Include it in your healthcare plan.
- call 204-927-6477
- email admin@mips.ca



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It's Safe to Ask brochure Cover Page

Ask and have discussion with your health care providers on 3 key questions:

- 1 – What is my health problem?
- 2 – What do I need to do?
- 3 – Why do I need to do this?

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