



Health Care Information

PERSONAL INFORMATION

First Name Brian	(Nickname)	Last Name Blake	DOB or Age 08/10/1968
Street Address 900 First Street		City, State, ZIP Hartford, CT 06411	
Preferred Language English	Phone Number 314-548-3329	Emergency Contact Information Mathew Harris - mattharris@email.com	
Parent/Legal Representative		Parent/Legal Representative Phone/Email	
Insurance Information Medicaid 0001110101		Pharmacy Information (most commonly used) PharmaMart, 123 Market Ave, Hartford (314-555-1234)	
Primary Care Provider/Contact Information Dr. Martin 314-555-3456		Specialty Care Providers/Contact Information Dr. Vivitas, Psychiatrist: 314-555-4321	
Communication Support Needed			

Note: Information on this form may not be complete

Health Conditions

Schizophrenia
Diabetes
Near-sighted (needs glasses to read)

Medications

Metaformin
Risperidone

Allergies and Dietary Restrictions

None

Medical/Assistive Devices and/or Service Animal

None

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

Mr. Blake

1. What people appreciate about me

He is a caring son and cousin
Great cook -- famous for his meatloaf and mac and cheese
Basketball fan and former college player at UW

2. Who and what is important to me

- * Mr. Blake lost his son years ago in a car accident. He hears his son's voice and often talks to him in return. This is comforting to him and nothing to worry about.
- * Listening to music (e.g. Dave Mathew's Band) and watching historical movies or LA Lakers basketball are his favorite activities
- * Mr. Blake does not always agree with his mother. She means well, but tries to make decisions for him he does not agree with. Mr. Blake prefers you respect his wishes as outlined in this Passport and his AD.
- * Mr. Blake has an Advance Directive, the information card is in his wallet - His cousin Mathew Harris is his health care proxy (314-555-3329)

3. How to best support me

- * Keeping pain under control helps Mr. Blake stay calm
- * Mr Blake has strong thoughts about the government, especially during crisis -- he fears he is under surveillance by the FBI and CIA. Don't challenge or dismiss him as he may get upset. Reassure him of his safety and let him know you are there to help.
- * Even when Mr. Blake is struggling with psychiatric symptoms, he understands much of what is being said. Always speak with him and explain what you are doing, and why.
- * Mr. Blake's favorite snacks for his diabetes: almonds, yogurt, apples

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

Name and relationship:

Primary physician, Dr. Peggy Martin
(314-555-3456)



Health Care Information

PERSONAL INFORMATION

First Name James	(Nickname) Jim	Last Name Moorhouse	DOB or Age 43 (1/12/1977)
Street Address 100 W South Avenue		City, State, ZIP W. Saint Paul, MN 55118	
Preferred Language French or English	Phone Number (314) 555-9876	Emergency Contact Information Mary Moorhouse (mom) - 314-555-2233	
Parent/Legal Representative Ted Richardson (guardian)		Parent/Legal Representative Phone/Email 612-555-4321 Trichardson@email.com	
Insurance Information Blue Cross Blue Shield		Pharmacy Information (most commonly used) PharmaMart, 123 Market Ave, W. St. Paul (612-555-3456)	
Primary Care Provider/Contact Information Dr. Johnson, Area Clinic, W. St. Paul, MN 314-555-3333		Specialty Care Providers/Contact Information N/A	
Communication Support Needed A translator or someone who can speak to me in French is preferred			

Note: Information on this form may not be complete

Health Conditions

Bipolar Disorder
Asthma
COPD

Medications

Seroquel
Albuterol
Symbicort
Baby Aspirin

Allergies and Dietary Restrictions

None Known

Medical/Assistive Devices and/or Service Animal

Advance Care Planning (check all that apply)

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IMPORTANT – Health Care Person-Centered Profile on Reverse Side



Health Care Person-Centered Profile

What Matters to Me

Please call me

Jim Moorhouse



1. What people appreciate about me

Kind and Gentle

I make everyone feel welcome

I know what I want in life and will "grab life by the horns" to get it

2. Who and what is important to me

- * To be respected and asked about what I would like
- * Talking to Holly everyday: 510-555-7890
- * Having Ted, my guardian to help me with tough decisions in my life (612-555-4321)
- * Talking to my family and my friend Andrew -- having my phone close
- * Having a large pop (Mountain Dew or Pepsi) close by always

3. How to best support me

- * I am a smoker and may need a nicotine patch
- * Be honest when talking to me about my condition, tell me what you are doing and why. Ted will help me make decisions
- * I move slowly and get out of breath easily. If you want me to do something, tell me and give me time to do it.
- * Tell me jokes and make me laugh
- * I recently had all my teeth pulled. Soft food works best, I like a lot of flavor

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

Name and relationship:



Health Care Information

PERSONAL INFORMATION

First Name Jordan	(Nickname) Jay	Last Name Smith	DOB or Age 7/21/1975
Street Address My Sister's Place, 1010 House Street		City, State, ZIP Miami, Florida	
Preferred Language English	Phone Number 281-215-8661	Emergency Contact Information Kayla Goodman, Sister	
Parent/Legal Representative		Parent/Legal Representative Phone/Email	
Insurance Information Medicaid		Pharmacy Information (most commonly used) MarketMart, Main Street, Miami (786-555-1234)	
Primary Care Provider/Contact Information N/A		Specialty Care Providers/Contact Information Grace Ivers, Peer Specialist (786-555-5454)	
Communication Support Needed			

Note: Information on this form may not be complete

Health Conditions

Emphysema, Mental Illness
Eczema, Migraines
(Homeless)

Medications

Ambien -- Blackouts

Allergies and Dietary Restrictions

None

Medical/Assistive Devices and/or Service Animal

None

Advance Care Planning (check all that apply)

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- DO NOT RESUSCITATE (DNR) ORDER – Location, if known: _____
- PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST, MOLST OR POST)
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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 am a woman of strong faith
- I always do all I can for my daughter

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 my sister Kayla 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:



Health Care Information

PERSONAL INFORMATION

First Name Josephine	(Nickname) Josie	Last Name Colvin	DOB or Age 78
Street Address 24816 Doubles Avenue		City, State, ZIP Newton, NY 12550	
Preferred Language English	Phone Number	Emergency Contact Information Jolene Colvin - 862-555-1234 // jolene.colvin@email.com	
Parent/Legal Representative N/A		Parent/Legal Representative Phone/Email N/A	
Insurance Information Blue Cross Blue Shield 30303		Pharmacy Information (most commonly used) Corner Store, Central Street, Newton NY	
Primary Care Provider/Contact Information Dr. Karen Kares (862-555-9876)		Specialty Care Providers/Contact Information Dr. William Powers (862-555-3692)	
Communication Support Needed None			

Note: Information on this form may not be complete

Health Conditions

Heart Arrhythmia
Congestive Heart Failure
COPD (Chronic Obstructive Pulmonary Disease)

Medications

Albuterol
Spiriva
Metoprolol
Lisinopril

Allergies and Dietary Restrictions

Peanuts

Medical/Assistive Devices and/or Service Animal

Oxygen Tank -- Need at all times

Advance Care Planning (check all that apply)

- HEALTH CARE ADVANCE DIRECTIVE OR LIVING WILL – Location, if known: With Dr. Kares, and my daughter Jolene
- POWER OF ATTORNEY– Location, if known: _____
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- 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

Josie or "Ms. C"

1. What people appreciate about me

- * Devoted mother and grandmother
- * Retired labor and delivery nurse
- * Church and community member
- * Optimistic and good-natured

2. Who and what is important to me

- * Positivity
- * Keep me informed of my condition
- * My daughter Jolene has decision-making authority (862-555-1234)
- * Praying with a chaplain when possible
- * Not having pain
- * Using oxygen all the time, even in the shower, to manage my COPD

3. How to best support me

- * Apply lip balm, hold my hand, let me know I'm not alone
- * Call me "Josie" not "Josephine" or "Mrs. Colvin"
- * Place a cup of ice-chips within reach throughout the day
- * Wrap a sheet or blanket around the pillow to prevent sweating
- * Ask me about my family or nursing career, it helps me feel like I matter and makes me less afraid
- * Give me medication to help with pain, even it makes me drowsy

"Thanks for you kindness, I appreciate all you are doing" - Josie

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

Name and relationship:

Daughter, Jolene



Health Care Information

PERSONAL INFORMATION

First Name Mariam	(Nickname) Mimi	Last Name Mohtandor	DOB or Age 81
Street Address 2345 Sunshine Lane		City, State, ZIP Eugene, OR 97405	
Preferred Language English or Arabic	Phone Number	Emergency Contact Information	
Parent/Legal Representative Lena Mohtandor (daughter) has power of attorney		Parent/Legal Representative Phone/Email lenama@email.com 541-555-1234	
Insurance Information Veterans Affairs Health Plan / Medicaid		Pharmacy Information (most commonly used) Meadow Glen Pharmacy	
Primary Care Provider/Contact Information City Health Clinic: 541-555-7676		Specialty Care Providers/Contact Information N/A	
Communication Support Needed			

Note: Information on this form may not be complete

Health Conditions

Dementia - Alzheimer's Disease (3 years)
Severe Arthritis

Medications

Ditropan
Aspirin
Razadyne

Allergies and Dietary Restrictions

Penicillin

Medical/Assistive Devices and/or Service Animal

None

Advance Care Planning (check all that apply)

- HEALTH CARE ADVANCE DIRECTIVE OR LIVING WILL – Location, if known: Attached, and also with my daughter
- 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

Mariam



1. What people appreciate about me

- Mima can quote long passages of verse from memory and leads family and community prayer meetings. She's a good listener.
- Former school nursing assistant, helped many children over the years.

2. Who and what is important to me

Her children are very important to Mariam. She has 3 children, two daughters (Lena and Farahani) and a son (Ayre). One daughter (Farahani) passed away last year but Mima sometimes forgets that she has died. She likes to talk about all her children and where they live.

She has some prayers that she recites from memory and can help calm her, especially later in the day. She sometimes needs help remembering the first line, but then can finish, sometimes in a song.

- (1) Praise be unto Thee, O Lord my God!.... and
- (2) Magnified art Thou, O Lord of the entire creation...

3. How to best support me

- Mima takes pills in a pudding or in applesauce.
- Likes to sip warm water when her stomach is upset.
- Mima does not like when men are involved in her personal care. If absolutely necessary, explain to her that this is a doctor who needs to take care of her.
- Mima will sometimes get out of bed and wander. She usually says she is looking for her clothes. Allowing her to have her own shirt with her helps her feel comfortable. She does not need to wear it – just having her hand on it helps. A towel can also be calming.

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

Name and relationship:

Lena Mohtandor (daughter)



Health Care Information

PERSONAL INFORMATION

First Name Martin	(Nickname) Marty	Last Name Parson	DOB or Age 30
Street Address 3579 North Oak Street		City, State, ZIP Fresno, CA 93650	
Preferred Language English	Phone Number	Emergency Contact Information Mario Gomez - mgomez@email.org	
Parent/Legal Representative N/A		Parent/Legal Representative Phone/Email N/A	
Insurance Information None		Pharmacy Information (most commonly used) None	
Primary Care Provider/Contact Information Kaiser Fresno		Specialty Care Providers/Contact Information Mario Gomez at Mercury Brain Services (559-555-1234)	
Communication Support Needed None - Talk with Marty as a peer and phrase things as questions rather than orders			

Note: Information on this form may not be complete

Health Conditions

Traumatic Brain Injury
Schizophrenia

Medications

Gabapentin 300 mg TID
Trihexyphenidyl 5 mg TID
Invega Sustenna 234 mg IM 1 x month

Allergies and Dietary Restrictions

None

Medical/Assistive Devices and/or Service Animal

None

Advance Care Planning (check all that apply)

- HEALTH CARE ADVANCE DIRECTIVE OR LIVING WILL – Location, if known: Mario, at Mercury Services
- 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

Marty Parson

1. What people appreciate about me

Great sense of humor

Smart – quick learner

Courageous and determined

Observant

2. Who and what is important to me

His family, daily conversations with Mom (777-777-7777)

Not being told to stop smoking

Coffee and energy drinks as he wants

Watching/talking sports

49ers, Cubs, Warriors

Listening to Christian rock

3. How to best support me

- Make sure his phone is charged and accessible, help him call Mom
- If he is upset, ask him if he wants to talk with Mario (559-555-1234) and help him call
- Ignore his speech impairment
- Talk with him as a peer
- Ask don't order. Tell him what will happen before it happens, explain while it is happening
- Make sure his walker is in reach if it is OK to get out of bed
- No lectures

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

Name and relationship:

Developed by Mario Gomez (agency director) with Marty's participation



Health Care Information

PERSONAL INFORMATION

First Name Veronica	(Nickname) Ronny	Last Name Grace	DOB or Age 10/01/1941
Street Address 123 First Lane		City, State, ZIP Longview, Texas 75604	
Preferred Language English	Phone Number (430) 123-4567	Emergency Contact Information Dan Grace / Laura Buckner dan.grace@email.com / laura.buckner@email.edu	
Parent/Legal Representative N/A		Parent/Legal Representative Phone/Email N/a	
Insurance Information ABC Insurance co., Membership # 98765		Pharmacy Information (most commonly used) 456 Drugstore Lane	
Primary Care Provider/Contact Information Dr. Joe Smith 123-555-456		Specialty Care Providers/Contact Information Dr. Suzy Caring, 123-555-789	
Communication Support Needed Please speak slowly, give me time to process if necessary			

Note: Information on this form may not be complete

Health Conditions

Arthritis
Numerous past surgeries -- including titanium rib replacements and hip replacement

Medications

ABC Anti-Depressant
XYZ Diuretic

Allergies and Dietary Restrictions

None known

Medical/Assistive Devices and/or Service Animal

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

Ronny



1. What people appreciate about me

A gracious southern lady - gracefully direct and straightforward
A creative problem-solver whose glass is always half-full
My priorities are family! (Dan, Cathy, Rick & Sue, and The Grand-Boys)

2. Who and what is important to me

- Before you leave the room, make sure I have my "Security System" within reach:

IN MY LAP OR ON THE TABLE TRAY:

- *My cell phone
- *Hair brush
- *The hospital phone
- *The call light
- *Hair clips
- *The TV Remote

- Ask me your questions. Listen.

-Give me time to think when possible.

- Inform me about what you are doing and why. If you can, let me tell you what works best for me.

3. How to best support me

- Inform me & include me in all aspects of my care
- Give me time to think about things when possible
- Include me in planning after having time to consider my options.
- I need my cell phone charged & in reach!
- Help me manage my hair when possible.
- Having my privacy and modesty protected even in the midst of necessary medical procedures.

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

Name and relationship:

My son, Dan