

My Conditions

More about my Chronic Illnesses
and Disabilities.

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

© My Chronic Health & Care Passport

More about my Chronic Illnesses
and Disabilities.

My Conditions

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

My Conditions

More about my Chronic Illnesses
and Disabilities.

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

© My Chronic Health & Care Passport

More about my Chronic Illnesses
and Disabilities.

My Conditions

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

My Conditions

More about my Chronic Illnesses
and Disabilities.

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

© My Chronic Health & Care Passport

More about my Chronic Illnesses
and Disabilities.

My Conditions

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

My Conditions

More about my Chronic Illnesses
and Disabilities.

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

© My Chronic Health & Care Passport

More about my Chronic Illnesses
and Disabilities.

My Conditions

Name of illness, disability, or difficulty

My main symptoms / how I am affected

How I manage these challenges

How you can help me

What I'd like you to know about my condition

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

What to Ask at Appointments

Remember to take a list of all your current medication and supplements, if appropriate.

Date notes were taken:

Appointment/Reason for notes:

Appointment Notes

What do I want to achieve at this appointment?

The things I most need help with today include

Pain Management ☐ Medication ☐ Mobility ☐ Fatigue ☐

Nutrition ☐ Mental Health ☐ Care Needs ☐ Sleep ☐

A New Symptom ☐ An Acute Change ☐ Reassurance ☐

Advice on the Next Step ☐ Clarity About My Situation ☐

Referral to Another Specialist for Tests, Advice, or Surgery ☐

Other:

Example questions. Tick all you want to ask.

What are the tests for? ☐ When/how will I get the results? ☐

What were my results? What do they mean?

What does treatment involve? How long will it take?

What can I do to help myself? What happens next?

How long is the waiting list? What are the risks?

When's my next appointment? How will you contact me?

Who do I contact if things change or I am worried?

Any other questions or concerns:

Notes for/from my appointment

Contact info from my appointment / things to bring or ask next time

What to Ask at Appointments

Remember to take a list of all your current medication and supplements, if appropriate.

Date notes were taken:

Appointment/Reason for notes:

Appointment Notes

What do I want to achieve at this appointment?

The things I most need help with today include

Pain Management ☐ Medication ☐ Mobility ☐ Fatigue ☐

Nutrition ☐ Mental Health ☐ Care Needs ☐ Sleep ☐

A New Symptom ☐ An Acute Change ☐ Reassurance ☐

Advice on the Next Step ☐ Clarity About My Situation ☐

Referral to Another Specialist for Tests, Advice, or Surgery ☐

Other:

Example questions. Tick all you want to ask.

What are the tests for? ☐ When/how will I get the results? ☐

What were my results? What do they mean?

What does treatment involve? How long will it take?

What can I do to help myself? What happens next?

How long is the waiting list? What are the risks?

When's my next appointment? How will you contact me?

Who do I contact if things change or I am worried?

Any other questions or concerns:

Notes for/from my appointment

Contact info from my appointment / things to bring or ask next time

Appointments

Keep a handy note or ask your healthcare team to write your appointments here.

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

© My Chronic Health & Care Passport

Keep a handy note or ask your healthcare team to write your appointments here.

Appointments

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason:

Date: Time: Name:

Place: Department/Reason: