PARENTS ARE OK
Senior Safety

# Health Overview

**Parent:** _____ **Last updated:** _____

## 1. Important health information

Current diagnoses / ongoing conditions:

Allergies or other important medical information:

## 2. Has anything changed recently? (physical-health observations)

- ☐ New or worsening pain
- ☐ Unusual tiredness or weakness
- ☐ Dizziness or faintness
- ☐ Breathing difficulties
- ☐ Swelling
- ☐ Skin problem/ wound/ bruising
- ☐ Sleep changes
- ☐ Vision or hearing changes
- ☐ Appetite or weight change
- ☐ Difficulty eating or swallowing
- ☐ Drinking less water than usual
- ☐ Bowel or bladder changes

Other:

Describe what changed. When did you first notice it?

## 3. Key contacts (names and phone numbers)

Family doctor / GP:

Specialists:

Pharmacy:

Other important contacts:

Keep close:

1. Current Medication List
2. Medical Log
3. Medical Documents & Test Results
4. ID, Insurance & Legal Documents