

This is an adaptation of Barwon Health's 'Healthcare Passport'. It has been created as part of the My Voice My Rights My Way project

See the full passport here

Learn more about My Voice here



Mental Health Navigation



PASSPORT



About Me

Preferred Name:

Pronouns:

I describe myself as:

Information About My Health:

- Appointed Guardianship
- Appointed Decision Maker
- Access and Inclusion Plan
- Support Person
- Advance Medical Directive

I Also Have:

- Passport or Immicard
- Driver's License or Learner's Permit
- Medicare Card

I Have:

My preferred form of communication is:

Preferred language:

Communication

Contact details:

Emergency Contact Name: Relation:

My Contact Info

Current medications:

Known allergies:

Preferred GP:

Medical information:

How to Fold The Passport

