

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Profile** | | | | |
|  | | |
| This document gives you information  that will help you to provide healthcare for me.  Please read it carefully and use the information it contains. | | |
|  | | |
|  |  | A photo of me  can be put here |
| My name is: |
|  |
| I like to be known as: |
|  |
| My date of birth is: |
|  |
| In an emergency  please contact: |
|  |
| Date this form  was completed |

Health Profile

|  |  |  |  |
| --- | --- | --- | --- |
| **About My Health** | | | |
|  |  |
|  |  |
| C:\Users\ma139781\Desktop\Cough-Woman-1_large.png | My health needs (medical History): |
|  |  |
| C:\Users\ma139781\Desktop\Blow-Nose-Tissue_large.png | Things I am allergic to: |
|  |  |
| C:\Users\ma139781\Desktop\Medication_large.png | Tablets or medicine that I take: |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Medication-2_large.png?v=1417849310 | The support I need to take my tablets or medicine: |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Feel_Sick_large.png?v=1579871603 | How I will show you or tell you I am in pain or unwell: |

Health Profile

|  |  |  |  |
| --- | --- | --- | --- |
| **How I need you to support me (Including any reasonable adjustments I may need)** | | | |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Emily-4_large.png?v=1417856882 |  |
|  | How I need you to support me: |

Health Profile

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How I need you to support me continued** | | | | | |
|  | |  |
|  | |  | |
|  | | How we can best communicate: | |
|  | |  | |
| C:\Users\ma139781\Desktop\List-2_7edaca43-6213-4a10-8d0c-70cb27a38538_large.png | | Other important things I would like you to know  about me: | |
|  | |  | |
| Form Easy | | Name of person completing this form: | |
|  | |  | |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proffil Iechyd** | | | | |
|  | | |
| Mae’r ddogfen hon yn rhoi gwybodaeth i chi bydd yn eich helpu i ddarparu gofal iechyd i mi.  Darllenwch yn ofalus a defnyddiwch y wybodaeth sydd  ynddo os gwelwch yn dda. | | |
|  | | |
|  |  | Gellir rhoi llun ohonof yma |
| Fy enw i yw: |
|  |
| Dwi’n hoffi cael fy adnabod fel: |
|  |
| Fy dyddiad geni yw: |
|  |
| Mewn argyfwng cysylltwch â: |
|  |
| Dyddiad y cwblhawyd y ffurflen hon |

Proffil Iechyd

|  |  |  |  |
| --- | --- | --- | --- |
| **Am fy iechyd** | | | |
|  |  |
|  |  |
| C:\Users\ma139781\Desktop\Cough-Woman-1_large.png | Fy anghenion iechyd (hanes meddygol) : |
|  |  |
| C:\Users\ma139781\Desktop\Blow-Nose-Tissue_large.png | Pethau mae gen i alergedd i: |
|  |  |
| C:\Users\ma139781\Desktop\Medication_large.png | Tabledi neu feddyginiaeth rydw i’n eu cymryd: |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Medication-2_large.png?v=1417849310 | Y gefnogaeth sydd ei hangen arnaf i gymryd fy tabledi neu feddyginiaeth: |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Feel_Sick_large.png?v=1579871603 | Sut y byddaf yn dangos i chi neu’n dweud wrthych fy mod i mewn poen neu’n sâl: |

Proffil Iechyd

|  |  |  |  |
| --- | --- | --- | --- |
| **Sut dwi angen i chi fy nghefnogi (Gan gynnwys unrhyw addasiadau rhesymol efallai y bydd angen)** | | | |
|  |  |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Emily-4_large.png?v=1417856882 |  |
|  | Sut dwi angen chi i fy cefnogi: |

Proffil Iechyd

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sut dwi angen chi i fy cefnogi: Parhad** | | | | | |
|  | |  |
|  | |  | |
|  | | Y ffordd orau i ni gyfathrebu: | |
|  | |  | |
| C:\Users\ma139781\Desktop\List-2_7edaca43-6213-4a10-8d0c-70cb27a38538_large.png | | Pethau pwysig eraill yr hoffwn i chi eu gwybod amdanaf i: | |
|  | |  | |
| Form Easy | | Enw’r person sy’n llenwi’r ffurflen hon: | |
|  | |  | |