

Template: My Medical To-Do List & Information Register

(Tick the box when you have done it)

- I have filled out my **Medical List** with all my health info.
- I have checked that my **Medical List** is up to date.
- I have shared a copy of my **Medical List** with people I trust.
- I have checked my **My Health Record** on the computer to see if it is up to date.
- I have asked my doctor or pharmacist to help update my **My Health Record**.

Where I Keep My Medical List

My paper copy of my **Medical List** is kept in: *(e.g., my handbag, the kitchen drawer, my bedside table)* _____

Who Has a Copy of My Medical List?

(Write down the names of the people you have given a copy to)

Name	Relationship to Me (e.g., Daughter, Doctor)

Date I last checked this list: _____

Disclaimer: This template is for informational purposes only and does not constitute professional advice. We do not guarantee the accuracy or reliability of its information or calculations.

Your use of this tool is at your own risk, and we are not responsible for any resulting loss or damage. This tool does not consider your personal situation, so you must consult a qualified professional for advice tailored to your needs.