

## MY CONTACTS

Name

Group

Phone

E mail

# HEALTH PLANNER



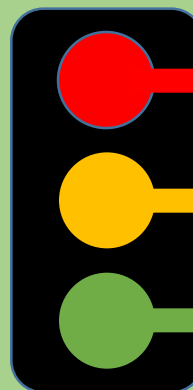
### ABOUT ME

My Name is: \_\_\_\_\_

My telephone number is: \_\_\_\_\_

My email address is: \_\_\_\_\_

I am \_\_\_\_ years old



INFORMATION ABOUT ME

MY HEALTH INFORMATION

MY HEALTH GOALS



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July 2015

## Your Health Planner

### I Taking charge of your health

We often forget that we have to take care of ourselves to help others!

How do you maintain the good health habits you brought to Canada?

- Eating fresh food, cooking with health recipes,
- Develop a network of family, new friends and neighbours like you had back home
- Balancing challenges and Managing Stress With the challenges of looking for work, trying to find good work, credentials, retraining, finding good school, trying to understand Canadian English, find the right schools, and your finances.....
- Cultural Health practices. What worked in the past.....when you felt tired, had a cold? Do you take quiet time, enough to listen to your body?

### II Healthy Living! Ask us for help at Community Matters

- Do you have a family doctor? Do you feel comfortable with that person? ( include Ontario Medical Association reference?
- **Work with us and your neighbours** Our Community Assistants are neighbours helping neighbours to listen to the advice of others you trust then add in health professionals
  - Consumer health- learn what is best for you, take time to listen to your body, how do you feel at first, what happens after you change your diet, and exercise? Listen to how your body responds then talk about it with people you trust
  - Help walk you through Canadian ways and Canadian services, and help you express what you need
- Stress.....different cultures look at this in very different ways.....the word does not exist in some cultures and in other, to admit that you are is a source of shame.....  
Here we believe that it is important to recognize what it means to you
  1. Try to be aware of different stresses, how to be good to yourself, take a break, meditate
  2. Talk to a Community Assistant. Work with a Neighbour
  3. SELF-HELP GROUP, how to manage your time, stress towards a balanced life. Yoga, meditation.
  4. Take a look at what you really eat...fast food, no time to cook. Come to CMT Classes; Adult nutrition, meet a dietician, food audit, family cooking.
  5. Exercise manage it yourself, take your pulse.....We can help organize family walks and have swimming, Indian dance, Zumba, Bollywood and Tai Chi
  6. Screening for chronic health issues
  7. Use this HEALTH PLANNER-Set your goals, behavioural change, ask for help
  8. Sign up for our St. James Town HEALTH APP at <https://healthstorylines.com/app/#/login>

<b>MY CALENDAR</b>	<u>Saturday</u>						
	<u>Friday</u>						
	<u>Thursday</u>						
	<u>Wednesday</u>						
	<u>Tuesday</u>						
	<u>Monday</u>						
	<u>Sunday</u>						
	<u>Time</u>						

Service Needs	Supports to Stay Healthy and Independent at Home
Leisure	1 Reader, 2 volunteer, 3 tutor, 4 escort to groups, 5 daily programs, 6 classes
Personal Care	Need help to: 1 Get dressed, 2 get up from a chair, 3 use the toilet, 4 phone, 5 help in an emergency
Daily Activities	1 House Keeping, 2 preparing meals, 3 cleaning, 4 laundry,
In Home Support	1 Hand rails, 2 smoke alarm, 3 insurance, 4 repairs, 5 appliances, 6 pest prevention
Mobility	1 Climb Stairs, 2 get around the house, 3 mobility aids
Transportation	1 Wheel trans
Communication	1 Learning English, 2 TTYL, 3 safety/emergency, 4 alarms, 5 buddy line, 6 computer, 7 phone
Nutrition	1 Shopping, 2 special diets, 3 supplements, 4 dietitian
Exercise	1 In home exercises, 2 rehab plans, 3 community programs
Social Connections	1 Family/Friend support in emergencies, 2 caregivers, 3 volunteers, 4 neighbours
Physical Health	1 Screening for diabetes, 2 breast cancer, 3 dental, in home health support (PSW, Homemaker) 4 Escort to doctor, 5 specialist, 6 visits, 7 translation, 8 forms, 9 physiotherapy, 10 OT, 11 Hearing Aid, 12 Glasses, 13 pharmacist, 14 medication reminder system
Coordination	1 Family/other emergencies, 2 ongoing case managers/agency
Financial	1 Forms/applications, 2 financial planning, 3 Legal. 4 Wills, 5 Power of Attorney, 6 Official Guardian
Caregiver Relief	1 Family, 2 Day program, 3 Respite



## MY HEALTH INFORMATION



I am over 21

Have you had a pap test?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when? \_\_\_\_\_

I am over 50

Have you had a Mammogram and clinical breast exam

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when? \_\_\_\_\_

I am over 50

Have you had Colorectal FOBT?      Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes when? \_\_\_\_\_

I have taken the CanRisk assessment for diabetes

No \_\_\_\_\_ Yes \_\_\_\_\_ My score was \_\_\_\_\_





