

**T.E.A.M**  
HEALTH MANAGEMENT CARD

**Name**

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**Emergency Contact** (name & number)

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**Health Conditions**

(and/or hospitalizations/surgeries)

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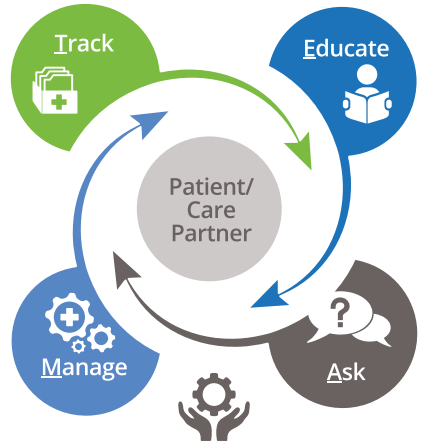
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**Current Medications** (prescription, OTC and supplements)

Name	Dose

**Health Care Team**

Name	Specialty	Contact Details



Support groups, family, doctors

T.E.A.M Approach© by Claire Snyman 2020

# T.E.A.M

## HEALTH MANAGEMENT CARD

### Symptoms

Symptom	Started	Stopped	Intensity	Notes

### Questions

1.

2.

3.

4.

5.

