

**SHA's Advance Care Planning Program Yellow Sleeve** is a plastic envelope where you can store your medical information, your personal information, your health care directive, and proxy appointment. The Yellow Sleeve is a tool you can use to store your medical information **in one place** in your home. We recommend storing it on or near the top of your refrigerator so paramedics will know where to look for it, if you are not able to speak for yourself when they arrive at your home. They will be able to take this information to the hospital if you need to go to emergency.

### How it Works

Fill in the medical information on the back of this form. Try to fill in all the spaces so emergency medical personnel have all the information they need to give you the best care in a timely fashion. Place all medical documents in the **Yellow Sleeve** and place it on top of your refrigerator. Emergency personnel know to look on the top of your refrigerator for the yellow folder in the event that you are unconscious or cannot speak.

### Why We Use the Refrigerator

We use the refrigerator because everyone has one in their home. This way, emergency personnel only have to check in one place for the medical information. This saves time in an emergency situation.

### Benefits for You

If you update your information as your health changes emergency personnel will not have to transport your medications, health card, or insurance cards to the hospital. These items are at risk of becoming lost should they be removed from your home. The Yellow Sleeve is a quick way for you to have your medical information available to emergency personnel when an emergency occurs in your home.

### Questions?

If you have questions or require a new patient information form, contact SHA's Advance Care Planning Program at 1-833-544-2255 or email at [advancecareplanningprgm@saskhealthauthority.ca](mailto:advancecareplanningprgm@saskhealthauthority.ca) or visit the [SHA Advance Care Planning Program page](#).



**Remember to update your patient information sheet as your medical information changes.**





Client Information Form

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Saskatchewan Health Information Number: \_\_\_\_\_

Insurance Provider and Number: \_\_\_\_\_

Your Mailing Address: Number/Street/Apt. Number: \_\_\_\_\_

City/Town/Land Location: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Have I put my health care directive in the yellow sleeve: Y N

Emergency Contact Persons/Proxy(ies):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Past Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Include your Health Care Directive in the My Health Information Yellow Sleeve

Do you wish to be an organ donor?  Yes  No

For additional forms or assistance, call the Advance Care Planning Program at 1-833-544-2255 or email [advancecareplanningprgm@saskhealthauthority.ca](mailto:advancecareplanningprgm@saskhealthauthority.ca)



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