

The background of the entire page is a vibrant yellow with numerous thin, radiating lines emanating from a central point, creating a sunburst effect. At the bottom of the page, there is a solid green curved shape representing a hill. A large, bright yellow sun with a scalloped edge is positioned behind the hill, with its rays extending upwards and outwards across the yellow background.

MY PERSONAL
**HEALTH
RECORD**

*Remember to take this record with you to all
medical appointments and hospitalizations.*

To better manage my health and medications I will...

Take this Personal Health Record and all medications with me to all medical appointments and hospitalizations.

Tell my doctors and pharmacist about all medications I am taking – including over-the-counter drugs, vitamins and herbal formulas. Bring all medications to every doctor's visit.

Tell your doctor if you do not take medications as prescribed.

Call my doctor or pharmacist if I have questions about my medications.

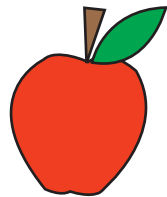
Know why I am taking each of my medications.

Know how much, when and for how long I am to take each medication.

Know possible medication side-effects to watch out for and what to do if I notice any.

Take my medications as prescribed, do not share medications and discard old medications.
health care goals.

***Keep this record up to date
if anything changes.***



Personal Health Record of:

Name: _____ Birth Date: ____ / ____ / ____

Address: _____

Home Phone: _____

Alternative Phone: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____ Phone: _____

Alternate Name: _____ Phone: _____

Relationship: _____ Phone: _____

Doctors

Primary Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Specialist: _____ Phone: _____

Others who provide care for me

Pharmacy: _____ Phone: _____

Home Health Agency: _____ Phone: _____

Community Services: _____ Phone: _____

(Example: Meals on Wheels, personal care or transportation services)

My Hospital: _____

Advance Directives for Healthcare

Yes

No

Where it is located: _____

Healthcare agent: _____

Medical History

- | | |
|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Abnormal Heart Beat | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Wound Healing problems |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Dementia or Memory |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney Disease/Dialysis |
| <input type="checkbox"/> Hip Fracture/Replacement | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

Immunizations & Screenings

Annual Flu Vaccine Date: __/__/__ __/__/__ __/__/__

Pneumonia Vaccine Date: __/__/__

Mammogram Date: __/__/__ __/__/__ __/__/__

Collorectal Screening Date: __/__/__ __/__/__ __/__/__

Other _____ Date: __/__/__ __/__/__ __/__/__

Other _____ Date: __/__/__ __/__/__ __/__/__

Other _____ Date: __/__/__ __/__/__ __/__/__

Things I Need to Watch For

Warning signs that my medical condition may be getting worse:

Warning Signs	What I need to do

Every time you talk with your doctor, use the **Ask Me 3** questions to better understand your health.

- 1. What is my main problem?**
- 2. What do I need to do?**
- 3. Why is it important for me to do this?**

My Medication List

(prescriptions, vitamins and over-the-counter)

Pharmacy: _____ Phone: _____

Allergies: _____

Name	Dose	Reason	Start Date
<i>Example:</i> Lasix	20 mg 1 a day morning	Water pill	Nov 2007

Cross out medications that you are no longer taking.

If You Have Diabetes, During Your Visits to the Doctor Be Ready to...

Roll Up Your Sleeve...

Be ready for a blood test. You need at least one HbA1c and lipid test a year. Your doctor will tell you when and how often. Have your blood pressure checked.



Take Off Your Shoes...

Be ready to have your feet checked each time you visit your doctor.



Open Your Eyes...

Get a dilated eye exam every year with an eye doctor.



Drop in the Bucket...

Be ready to give a urine sample to have your kidneys checked each year.



Attend a Diabetes Education Class and
Learn How to Live Well with Diabetes.

Notes and Questions about My Health

My health care goal (*example: I want to be able to take walks again with my dog*):

What keeps me from meeting my health goals:

Questions for my doctor:

Hospitalization Information

Date Admitted __/__/__ Date Discharged __/__/__

Hospital: _____

Reason: _____

Date Admitted __/__/__ Date Discharged __/__/__

Hospital: _____

Reason: _____

Date Admitted __/__/__ Date Discharged __/__/__

Hospital: _____

Reason _____

Date Admitted __/__/__ Date Discharged __/__/__

Hospital: _____

Reason: _____

Date Admitted __/__/__ Date Discharged __/__/__

Hospital: _____

Reason: _____

Notes

Hospital Discharge List

- This is important information to know if I am hospitalized and I will complete this checklist before I leave the hospital.
- I have been involved in decisions about what will take place after I leave the hospital
- My doctor, nurse or discharge planner have answered my most important questions prior to leaving the hospital
- I understand where I am going after I leave the hospital and what will happen to me once I arrive
 - Discharge home to self or family
 - Discharged home with a home health agency follow up
 - Discharged to another facility for rehabilitation
- My family or someone close to me knows that I am coming home
- I have the name and phone number of a person I should contact if a problem arises
- I understand what my medications are, how to get them, how to take them and possible side effects
- I understand how to keep my health problems from becoming worse
- I understand what symptoms I need to watch out for and whom to call if I should notice them
- I have answers for how to get help at home when I need it
- I have a scheduled follow up appointment with my doctor

