

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 just above the horizon line, 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 with me wherever I go, including all doctor visits, emergencies or hospitalizations.

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

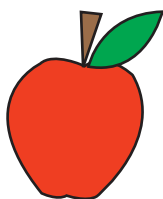
Tell my doctors and pharmacist about all medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.

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.

Ask for help when I'm uncertain about my 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: _____

Alternate Name: _____ Phone: _____

Relationship: _____

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: _____

Things I Need to Watch For

Warning signs that my _____ condition may be getting worse:

Warning Signs	What I need to do

Doctor Appointments

Date	Doctor	Reason

Hospitalization Information

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

Hospital: _____

Reason: _____

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

Hospital: _____

Reason: _____

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

Hospital: _____

Reason _____

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?**

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:

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 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

