

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.

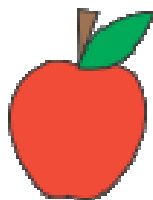
Tell my doctors and pharmacist about all medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.

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.

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 has 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.

Advance Directive for Healthcare

Yes No

Where it is located: _____

Healthcare agent: _____

Medical History

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

Immunizations

Annual Flu Vaccine Date: ___ / ___ / ___

Date: ___ / ___ / ___

Date: ___ / ___ / ___

Pneumonia Vaccine Date: ___ / ___ / ___

Other _____ Date: ___ / ___ / ___

Notes: _____ Date: ___ / ___ / ___

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:

Doctor Appointments

Date	Doctor	Reason

Hospitalization Information

Date Admitted: __ / __ / __ Date Admitted: __ / __ / __

Hospital: _____

Reason: _____

Date Admitted: __ / __ / __ Date Admitted: __ / __ / __

Hospital: _____

Reason: _____

Date Admitted: __ / __ / __ Date Admitted: __ / __ / __

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?**

Things I need to Watch for

Warning signs that my _____ condition may be getting worse:

Warning Signs	What I need to do

