

My Personal
Health Record



404.463.3333

www.agewiseconnection.com

*Remember to take this record with you to all
medical appointments and if you go to
the hospital or emergency room.*



Good Questions for Your Good Health

Every time you talk with a doctor, nurse or pharmacist, 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?

Your Doctor, Nurse and Pharmacist Want to Answer 3

Are you nervous to ask your health provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, doctors have busy schedules. Yet your doctor wants you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.



national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its affects on safe care and health outcomes.

Ask Me 3™ is an educational program provided by the **Partnership for Clear Health Communication at the National Patient Safety Foundation™** – a coalition of

Personal Health Record of:

Name: _____ Birth Date: ____ / ____ / ____

Address: _____

Home phone: _____

Alternative Phone: _____

Emergency Contacts

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: _____

Advance Directive for Healthcare

Yes No

Where it is located: _____

Healthcare agent: _____

Medical History

- Arthritis
- Abnormal Heart Beat
- Cancer
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- Hip Fracture/Replacement
- Lung Disease
- Pacemaker
- Pneumonia
- Stroke
- Wound Healing Problems
- Other _____
- Other _____

Immunizations

Annual Flu Vaccine Date: ___ / ___ / ___
Date: ___ / ___ / ___
Date: ___ / ___ / ___
Date: ___ / ___ / ___

Pneumonia Vaccine Date: ___ / ___ / ___
Date: ___ / ___ / ___
Date: ___ / ___ / ___

Other _____ Date: ___ / ___ / ___

Notes: _____ Date: ___ / ___ / ___

Things I need to Watch for

Warning signs that my _____ condition may be getting worse:

Warning Signs	What I need to do

My Medication List

(prescriptions, vitamins and over-the-counter)

Pharmacy: _____ Phone: _____

Allergies: _____

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

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: _____

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 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.
 - Discharged 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 what I need to do 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.



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