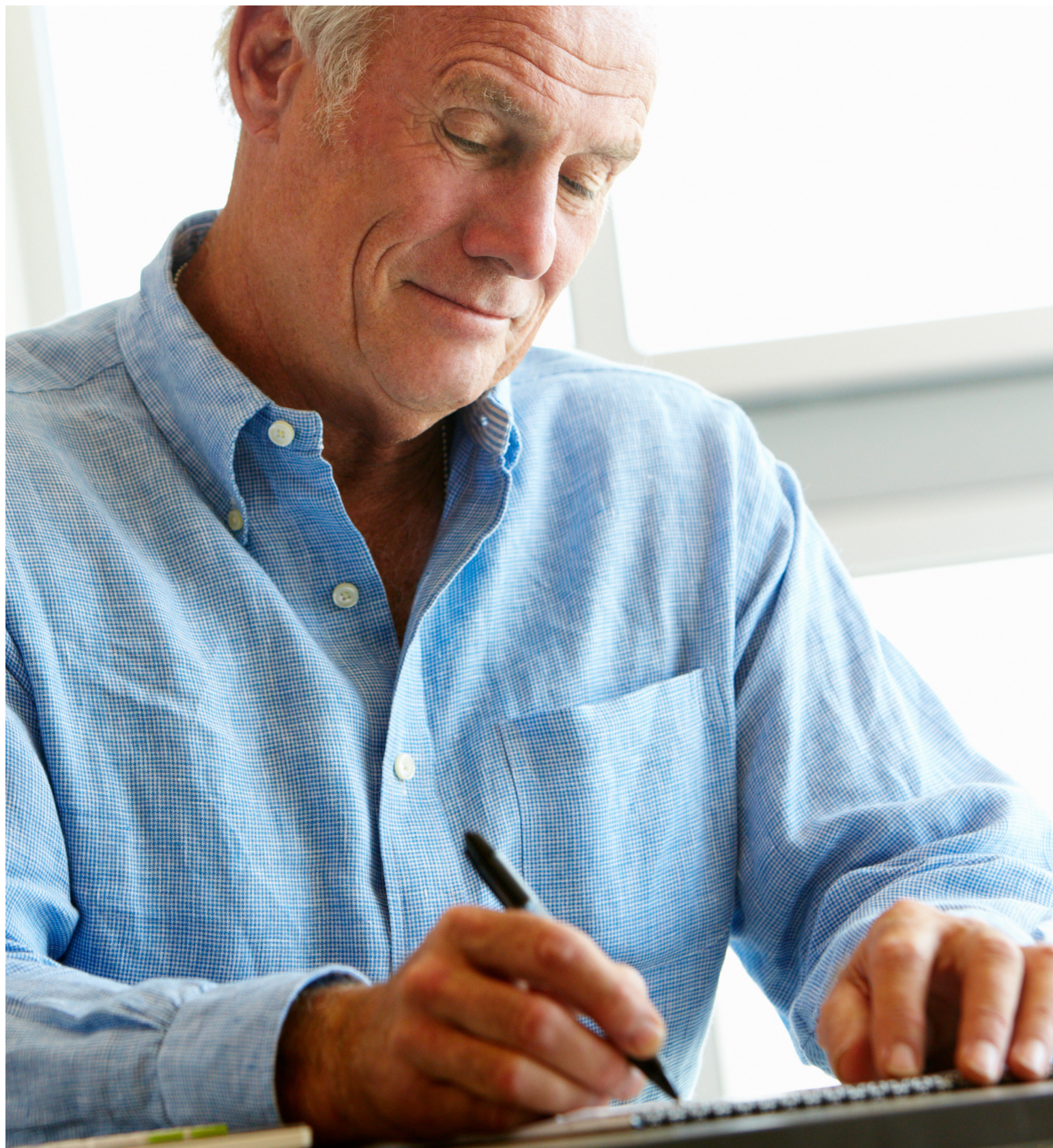


# Personal Health Diary





# Your Personal Health Diary

This Personal Healthcare Diary will help you manage your own healthcare and be a leader on your healthcare team. If you fill out this workbook, it can help you:

- Answer your doctor's questions
- Fill out medical forms
- Tell doctors about your health history, especially if you see a doctor or need care when you are traveling
- Keep track of important information about your healthcare, such as lab test results and the names of doctors you have seen



## Your Personal Health Diary includes:

- Important personal information
- Healthcare appointments
- Hospital visits and surgeries
- Tests, screenings, and vaccines
- Chronic conditions and major illnesses
- Family medical history
- Current medicines, past medicines, and allergies

## Keep a file or folder of medical and healthcare information.

Keep your Personal Health Diary in a safe place. Also keep:

- Information about your health insurance
- Medical bills and receipts
- Lab reports
- Your signed Advance Health Care Directive. This form says what kind of care you want if you cannot speak for yourself. Ask the doctor or health plan for a form



## Share your Personal Health Diary with your healthcare team.

Take it with you when you see new healthcare providers. This includes when you go to the emergency room or hospital. Also take it with you when you travel.

Your doctors also keep detailed records of your care. You have a right to ask for a copy of your medical records. You should keep the medical records from your doctors with this Personal Health Diary.

# Important Personal Information

My name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary care doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Local pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mail order pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Log in: \_\_\_\_\_

Health insurance company: \_\_\_\_\_  
My insurance ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website \_\_\_\_\_ Log in: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Healthcare Appointments

Keep a list of your appointments, with brief notes. This is especially helpful if you have a lot of appointments. Your doctor or a family member can help you fill this out.



## Remember to ask all your questions.

Before your appointment, make a list of your questions, such as questions about:

- Medicines
- Test results
- Preventive care, like vaccines
- Unusual symptoms
- Pain or stress

**Date and time of appointment:** \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

**Date and time of appointment:** \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

**Date and time of appointment:** \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

# Hospital Visits/Surgeries

**Reason for visit/surgery:** \_\_\_\_\_

Hospital/outpatient center: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of stay: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

**Reason for visit/surgery:** \_\_\_\_\_

Hospital/outpatient center: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of stay: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

**Reason for visit/surgery:** \_\_\_\_\_

Hospital/outpatient center: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of stay: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

**Reason for visit/surgery:** \_\_\_\_\_

Hospital/outpatient center: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of stay: \_\_\_\_\_

Address: \_\_\_\_\_

Results and next steps: \_\_\_\_\_

# My Numbers

List your blood pressure, cholesterol, weight, and other results. You have a right to get copies of test results. Keep them all together in a folder. Your doctor, nurse, caregiver, or family member can help you fill this out.

## Tests and screenings

Date	Name of test or screening	Results

## Vaccines

Date	Vaccine

# My Illnesses and Conditions

Write down any ongoing conditions or health problems you have, like high blood pressure or diabetes.

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_

**Illness/condition:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Treatment/results: \_\_\_\_\_



# My Family Health History

Your family health history can help your healthcare team provide better care for you. It can help them learn if you have higher risk for some diseases. It may also help you take steps to reduce your risks of some diseases, such as diabetes.

- First list parents, brothers, and sisters.
- Then list grandparents, aunts, and uncles.
- If a relative has died, list why they died and their age at death.

Relationship	Illness or condition	Relative's age when they first had the illness/condition	Relative's age when they died and why they died

# My Current Medicines

Use this list to keep track of your medicines and how to take them. Keep a copy in your wallet. It's useful when you go to the doctor or the pharmacy, when traveling, or in an emergency. Also, you can use it at home to remind yourself to take your medicines.



## Directions:

- List all the prescription medicines you take
- List the over-the-counter medicines, vitamins, herbs, and supplements you take

Name and dose of medicine	What it looks like	Why I take it	Morning	Mid-day	Evening	Bedtime
<i>Example:</i> Drug x 60 mg (2 pills a day)	Small white oval	Blood pressure	1 pill with food		1 pill with food	

# Medicines I Have Taken in the Past

It is useful to have a record of the medicines you have taken. It helps you remember if you had a problem with a medicine, or if a medicine did not work well for your condition.

**Update this list whenever you stop taking a medicine.**

Name and dose of medicine	Doctor who prescribed it	Reason for taking it	How long I took it	Why I stopped taking it

## My Allergies

List everything you are allergic to, including medicines and foods.

_____	_____
_____	_____
_____	_____
_____	_____



Keep this diary up to date and share it with your family and healthcare provider.