

# My Personal Health Care Record



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**Remember to take this record  
to all your doctor visits!**

**CarePoints**  
It starts with you.

**Save this PDF to your  
computer's hard drive.**

**Print the next 5 pages, fill in your  
information and take with you to all  
your healthcare appointments.**



# 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.



## My Health Care Goals

*Keep this record up-to-date if anything changes!*

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

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Things that keep me from meeting my health goals:

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# My Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alt. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### DOCTORS & CARE PROVIDERS

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Health Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Community Services: \_\_\_\_\_ Phone: \_\_\_\_\_

My Hospital: \_\_\_\_\_



# Advance Directive for Healthcare

Where is it located: \_\_\_\_\_

Healthcare Agent: \_\_\_\_\_

### MEDICAL HISTORY

- Abnormal Heart Beat
- Alzheimer's Disease
- Arthritis
- Cancer
- Diabetes
- Heart Disease
- Heart Failure

- High Blood Pressure
- Hip Fracture/Replacement
- Lung Disease
- Pacemaker
- Pneumonia
- Stroke
- Wound Healing Problems

### IMMUNIZATIONS

Pneumonia Vaccine Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Flu Vaccine Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Vaccine: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





## 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

Hospital: \_\_\_\_\_

Date Admitted: \_\_\_ / \_\_\_ / \_\_\_

Reason: \_\_\_\_\_

Date Released: \_\_\_ / \_\_\_ / \_\_\_

Hospital: \_\_\_\_\_

Date Admitted: \_\_\_ / \_\_\_ / \_\_\_

Reason: \_\_\_\_\_

Date Released: \_\_\_ / \_\_\_ / \_\_\_



## Communicating With Your Doctor

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?**

Questions for my doctor:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Notes:

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## 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 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.