

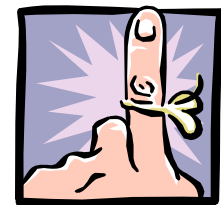
Personal Health Record

This is the Personal Health Record of

If you have questions or concerns,

Contact _____

at (_____) _____ - _____



REMEMBER

to take this Record with you
to all your doctor visits

Personal Information

Address:

Home Phone #:

Alternate Phone #:

Birth Date:

Advance Directive/Living Will: ___ Yes ___ No

Where located?

Caregiver Information

Name:

Relation to Patient:

Home Phone #:

Alternate Phone #:

Provider Information

Primary Care Doctor:

Phone #:

Pharmacy:

Other Providers:

Questions for my Primary Care Doctor:



Discharge Checklist

Before I leave the care facility, the following tasks should be completed:

- I have been involved in decisions about what will take place after I leave the facility.
- I understand where I am going after I leave this facility and what will happen to me once I arrive.
- I have the name and phone number of a person I should contact if a problem arise during my transfer.
- I understand what my medications are, how to obtain them and how to take them.
- I understand the potential side effects of my medications and whom I should call if I experience them.
- I understand what symptoms I need to watch out for and whom to call should I notice them.
- I understand how to keep my health problems from becoming worse.
- My doctor or nurse has answered my most important questions prior to leaving the facility.
- My family or someone close to me knows that I am coming home and what I will need once I leave the facility.
- If I am going directly home, I have scheduled a follow-up appointment with my doctor, and I have transportation to this appointment.

To better manage my health and medications, I will...

- Take this Personal Health Record, with me to wherever I go, including ALL doctor visits and future hospitalizations.
- Call my doctor if I have questions about my medications or if I want to change how I take my medications.
- Tell my doctors about ALL medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.
- Update my Medication Record with any changes to my medications.
- 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.

Medication Record

