

HEALTH RECORD

This is the Health Record of



In order to be well and healthy, I will...

- Take this Health Record with me to wherever I go- especially when I go to any doctor appointment or the hospital
- Call my doctor if I have any questions about my medicines or if I want to change how I take my medicines.
- Tell my doctors about ALL medicines I am taking, with or without a prescription, including all over-the-counter drugs, vitamins, and herbs.
- Update my Medicine List with any changes made by my doctor.
- Know why I am taking each of my medicines.
- Know how much medicine to take and what time to take it.
- Know what side effects to look for and what to do if I have any.

My health goals are: _____

MY HEALTH RECORD

****Please take this record with you to all Medical Appointments****

Care Transition Nurse: _____ **Phone:** _____

<p>MY INFORMATION: Name: _____ Address: _____ Birth Date: _____ Home Phone: _____ Other phone number: _____</p> <p>Advance Directive/Living Will : ____ Yes ____ No Where located: _____</p>	<p>CAREGIVER INFORMATION: Name: _____ Relation to Patient: _____ Home Phone: _____ Alternate Phone: _____</p> <p>DOCTOR INFORMATION: Primary Care Doctor: _____ Phone Number: _____ Pharmacy: _____ Phone: _____ Allergies: _____ Other Doctors: _____</p>												
<p>DOCTOR APPOINTMENTS:</p> <table border="1"><thead><tr><th>Name</th><th>Date</th><th>Time</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>INFORMATION FOR MY DOCTOR: Place where I recently admitted: _____ Admit Date: _____ Discharge Date: _____ Reason for Admission: _____</p>	Name	Date	Time	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>MEDICAL CONDITIONS AND RED FLAGS: My Main Medical Problem is: _____</p> <p>Red Flags are: _____</p> <p>Other Medical Problems: _____</p>
Name	Date	Time											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<p>QUESTIONS FOR MY DOCTOR: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>													

