

Personal Health Record

This is the Personal Health Record of:



For Home Care Information Call Toll Free

1.866.474.5230

EMERGENCY DIAL 911

Remember to take this record to all doctor visits.



The Personal Health Record of:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

EMERGENCY CONTACT OR CAREGIVER INFORMATION:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

HEALTH CARE PROVIDERS:

Primary Care Physician: _____ Phone: _____

OTHER PHYSICIANS:

Physician: _____ Phone: _____

Specialty: _____

Physician: _____ Phone: _____

Specialty: _____

Physician: _____ Phone: _____

Specialty: _____

Password list



ALWAYS TAKE INSURANCE

ADVANCE DIRECTIVES:

I have an Advance Directive: Yes No

I have a Do Not Resuscitate Order: Yes No

I want Comfort Care only: Yes No

I have a Health Care Proxy Agent: Yes No

Name of Health Care Proxy: _____

Medical (Family) History:

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Degenerative Joint Disease | <input type="checkbox"/> Neurological Disease |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Fractures | <input type="checkbox"/> Muscular Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Abnormal Heart Rhythm | <input type="checkbox"/> Cataracts | <input type="checkbox"/> COPD |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Stroke / Aneurism | <input type="checkbox"/> Vision Loss | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Chronic Skin Condition |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Cancer | <input type="checkbox"/> Anxiety / Depression |
| <input type="checkbox"/> Bowel Disorder | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Alzheimer's / Dementia |

Specify if self or family member

Surgeries:

Health Management Strategies

Organizing Health Information:

- Take this Personal Health Record to ALL medical appointments.
- Be a **Healthcare Advocate** at medical visits.
- Keep a list of all medical care providers; include address, phone numbers
- Log all medical visits and hospitalizations; write the reason for the visit and notations.
- Prepare for medical visits or phone calls by writing down questions and important information in advance.
- Document all tests performed, their results, and who ordered them.
- Keep the immunization records updated.
- Update the Medication Record with any changes.
- Know what each of the medications is for; know how much, when, and for how long the medication will be used.
- Know possible medication side effects, recognize signs of side effects, and what action to take if they are experienced.
- Use one pharmacy, note the address and phone number.
- Call for test results and to get further instructions. Do not assume that “no news is good news” – be assertive in getting results.
- Bring health insurance cards to every visit and be prepared for co-pays.

Navigating the Health Care System:

- Use the simplest service first – start with the primary care doctor at the first sign of trouble.
- Save the emergency room for real emergencies; unnecessary visits can be expensive, there are long wait lines, and they do not have a full medical history.
- Ask every medical professional providing treatment to send a note to the primary physician.
- Tell ALL doctors about ALL medications, including over-the-counter drugs, vitamins, and herbal formulas.
- Check insurance coverage to be sure the service is covered.
- File health insurance benefit lists and service agreements so you can verify coverage and know how to file appeals.
- Before calling an insurance company:
 - Write down your questions ahead of time.
 - Check –off each question that is answered
 - Write notes about the phone call and the names of those you spoke with. These notes can be helpful in an insurance dispute.
- If you get a telephone call from a “care coordinator” from a hospital, medical practice, insurance company, or “accountable care organization”, write down their phone number, find out who they represent, and what they want you to accomplish.

Being a Health Care Advocate:

Every time you talk with the doctor, nurse, or pharmacist – use the “Put Yourself in Charge” questions.

1. What is the main problem?
 - Focus on diagnosis or major presenting problem
2. What needs to be done?
 - Discuss the instructions
 - Steps that need to be taken to get the health condition under control
3. Why is it important to do this?
 - Learn all you can about the health condition and how it impacts health
4. What symptoms would be important to report before the next visit?
5. Do you recommend any medication changes?

Do You Understand?

If you don't understand what is being said:

- Let your doctor, nurse or pharmacist know if you don't understand what you need to do
- You might say, “This is new to me. Will you please explain that to me one more time?”
- Don't feel embarrassed or rushed

Are They Listening?

Getting your doctor to listen:

- Get right to the point
- Focus on one issue at a time
- Don't embellish
- Speak up!
- Use clear, descriptive language

When discussing the condition or ailment:

- What is the exact diagnosis?
- What is the cause of this problem?
- How long will the illness last?
- How long before improvement is seen?

Under what conditions should the doctor be called or revisited?

- Don't feel better in a week?
- Coughing doesn't stop?
- Pain becomes worse or spreads?

When Getting Test and Treatments:

Discussing Treatment Options:

- What treatments are used for my condition?
- Which is best for me, and why?
- What does the research show about it?
- Is there any research on the horizon for my condition?
- Based on your experience what can I expect?
- Are there side effects?
- Are there any interactions I should be aware of?
 - ◇ alcohol
 - ◇ caffeine
 - ◇ other medications or vitamins
- Are there alternative treatments I can try?

6 Questions to ask the doctor before having tests, treatment, or procedures.

1. Why is this test or procedure needed?

- Medical tests help diagnose a problem and decide how to treat it
- Medical procedures help to treat it

2. Will the test change my treatment plan?

3. What are the risks?

- Side effects
- Accuracy
- Could they lead to more testing or another procedure?

4. Are there simpler, safer options?

- Lifestyle changes such as eating healthier food or exercising more

5. What happens if nothing is done?

- Could the condition get worse or better?
- How soon do you need to have the test or procedure?

6. How much does it cost?

- Are there less-expensive tests, treatments or procedures?
- What will insurance cover?
- Can a generic drug be used instead of a brand-named drug?

Lifestyle Changes:

Determine how the treatment will impact your lifestyle:

- How will these changes help the disorder?
- When should we expect to see an effect from the treatment?
- Do you have any tips that would make these changes easier?

Prepare to Communicate

<p>□ Ask the “Put Yourself in Charge” questions</p> <ol style="list-style-type: none"> 1. What is the main health problem? 2. What do you need to do? 3. Why is it important to do that? 4. What symptoms would be important to report before the next visit? 5. Any medication changes? 	
<p>□ Bring a friend or family member to visits</p>	
<p>□ Make a list of health concerns</p>	
<p>□ Bring actual medications or a current medication list</p>	
<p>□ Bring a list of all healthcare providers</p>	
<p>□ Ask the pharmacist for help for questions about medications</p>	

Immunizations

Immunization	Date Received
Flu shot (every year)	
Pneumonia shot	
Tetanus / DTaP	
Colonoscopy	

Additional Notes / Follow-Up Testing



Hospital Information

Date Admitted:	
Date Discharged:	
Name of Hospital:	
Reason for Admission:	

Date Admitted:	
Date Discharged:	
Name of Hospital:	
Reason for Admission:	

Date Admitted:	
Date Discharged:	
Name of Hospital:	
Reason for Admission:	

Date Admitted:	
Date Discharged:	
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Preparing for a Hospital Stay

Being prepared can help alleviate some of the stress associated with hospital admissions.

Call VNA Community Healthcare before your scheduled admission to arrange for care INTAKE LINE 203.458.4257.

- Ask a friend or family member to accompany you to the hospital.
- Have a clear understanding of the instructions your surgeon gave you.
- Bring a list of the medications you are taking; include dose and frequency.
- Shower and bathe within 12 hours of your surgery with antimicrobial soap.
- Ask your doctor if it is possible for you to fill post-operative prescriptions before the surgery so you have them when you get home.
- Make post-operative appointments before your surgery; arrange for a ride.
- Notify your surgeon if you develop a cold, fever, or other illness before the surgery, it may need to be postponed.
- Arrange for transportation home from the hospital.
- Have food prepared for when you come home.
- Remove jewelry before going to the hospital
- Follow instructions about eating and drinking.
- Bring a copy of you durable power of attorney or living will if you have one.
- Plan your route to the hospital, know where you are going.
- Pay any household bills that will come due during your stay.
- Arrange pet care
- Make a packing list; some suggestions include:

<input type="checkbox"/> Insurance cards	<input type="checkbox"/> Toiletries	<input type="checkbox"/> List of phone numbers of family/friends
<input type="checkbox"/> Identification	<input type="checkbox"/> Family photo	<input type="checkbox"/> Clothes to wear home from hospital
<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Cell phones	<input type="checkbox"/> A small amount of money
<input type="checkbox"/> Writing paper/pen	<input type="checkbox"/> Chargers	<input type="checkbox"/> A pair of slippers that provide support
<input type="checkbox"/> Something to occupy your time (music, reading material)		

