

Name _____
Record Started on _____

Health Record

“It’s your health—you can take charge!”

Developed by
the Abbotsford & Mission
Seniors Clinic

Based on Materials developed by
Eric Coleman, MD (www.caretransitions.org) and
PeaceHealth (www.sharedcareplan.org)



**REMEMBER to take this record with you to all
your doctor or hospital visits.**

This is the Health Record of:

(Please Print Clearly)

Name: _____

Address: _____

Home phone: _____

Other phone: _____

Email address: _____

Birth date: _____

Personal Health Number: _____

Doctor's name: _____

Doctor's phone number: _____

The person who gave me this Health Record
was: _____

Phone Number: _____

Date: _____

Resources

BC Nurse Line: 1-866-215-4700

Speak to a registered nurse, 24 hours a day, 7 days a week for confidential advice and information—with translation services available in over 130 languages. The nurse can help you:

- Help identify health concerns
- Discuss treatment options, and
- Advise you when to see a health professional

TTY for deaf or hard-of-hearing: 1-866-889-4700

A pharmacist is also available from 5pm to 9am through the BC Nurse Line.

www.healthservices.gov.bc.ca/bchealthcare/nurseline.html

Seniors Information Line

1-800-465-4911

8:30 AM to 4:30 PM, Monday-Friday

Provides information on federal and provincial programs of assistance to seniors.

Notes

Remember to ASK these three questions about health care issues:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

About Me:

The most important information you need to know about me is: _____

My strengths are: _____

My challenges are:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Other _____ | |

- I speak:
- English
 - French
 - German
 - Mandarin
 - Punjabi
 - Other _____

I need a translator: Yes No

Eating habits:

Are there some foods you do not/must not eat?

Yes No

Describe: _____

Beliefs:

My religion/spirituality may affect my health care:

Yes No

Comments: _____

I have Advance Directives: Yes No

I have a Representation Agreement: Yes No

The following people are involved in my care:

(Please print and write numbers with care)

Name	Role	Phone

Notes

Remember to ASK these three questions about health care issues:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

Notes from Health Care Visits

When you visit a health care professional, remember to ASK these three questions about health care issues:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

I learn best by:

- | | |
|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Being spoken to |
| <input type="checkbox"/> Listening to tapes | <input type="checkbox"/> Being shown |
| <input type="checkbox"/> Seeing pictures/videos | <input type="checkbox"/> Other |

Comments: _____

I have access to the Internet: Yes No

When making health care decisions:

- I like to have a lot of information and make decisions in consultation with health care professionals
- I like to work in partnership with health care professionals
- I like health care professionals to make most decisions

Comments: _____

Medical History

- Arthritis
- Abnormal Heart Rhythm
- Back Problems
- Cancer
- Diabetes
- Hardening of the Arteries
- Heart Disease
- Heart Failure
- High Blood Pressure
- Hip Fracture
- Lung Disease
- Osteoporosis
- Pneumonia
- Reflux (Heartburn)
- Stroke
- Other:

Monitoring My Health

This is a place to record things you can monitor to maintain or improve your health. Make note of goal values you want to reach or maintain over time.

Example:

	BP	weight	sugar	
GOAL		195 lb.	6mmol	
May 7/06	145/85	215.5 lb.	12 mmol	

DATE				
GOAL				

If I'm ever hospitalized...

Before I leave the hospital:

- I have been involved in decisions about what will take place after I leave the hospital.
- I understand where I am going after I leave this hospital 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 arises during my transfer.
- I know what medications I am supposed to take, how to take them, their side effects and I have the prescriptions in hand.
- I understand the 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 before I leave the hospital.
- My family or someone close to me knows that I am coming home and what I will need once I leave the hospital.
- If I am going directly home, I have scheduled a follow-up appointment with my doctor and transportation to the appointment.

Hospitalizations and Procedures

Date	Type of admission or procedure

Allergies and Intolerances

Substance	Reaction

Immunizations

Immunizations are vaccines taken to prevent illness. It is important to keep a record of these in case you are ever exposed to a serious or contagious disease.

Vaccine	Date

Goals

A goal is a motivating reason you are working toward better health. Write your goals here:

How I Will Get There: Next Steps

Next steps are small, short-term steps that you are ready and willing to take toward reaching your goals.

Date started	Step	Date completed

Red Flags

These are things I will watch for to monitor my health condition and what I will do if I have them.

"Red Flag" (warning sign or symptom)	My Actions

Principles for Managing Health

Being in charge of my health means:

- That I am a partner with my health care team
- That I understand my health conditions and will ask questions to make sure I understand
- I know when, how and which health care professional I should contact when I need help (Names and phone numbers on page 3)
- I am confident that I can manage my health care
- I will use and maintain this record to help me manage my health
- I will share this record with the health care professionals involved in my care