#### **Activities**

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

	I have been involved in decisions about what will take
plac	e 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
cont	act if a problem arises during my transfer.
	I understand what my medications are, how to obtain
then	n 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
who	m to call should I notice them.
	I understand how to keep my health problems from
beco	oming worse.
	The doctor or nurse has answered my most important
ques	stions prior to leaving the facility.
	My family or someone close to me knows that I am
com	ing home and what I will need once I leave the facility
	If I am going directly home, I have scheduled a follow-up
appo	ointment with my doctor, and I have transportation to this
appo	ointment.

This tool was developed by Dr. Eric Coleman, UCHSC, HCPR, with funding from the John A. Hartford Foundation and the Robert Wood Johnson Foundation.

# Personal Health Record

This is the Personal Health Record of

If you have questions or concerns,

Contact

REMEMBER to take this Record with you to all of your doctor visits





Personal Information	Medical History
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 #:	
<b>Provider Information</b>	Red Flags
Primary Care Doctor:	
Phone #:	
Pharmacy:	
Other Providers:	
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#### **Personal Goal**

Notes for My Primary Care Doctor:				
Recent Hospitalization:				
Admitted://				
Discharged://				
Reason for Hospitalization:				
Questions for My Primary Care Doctor:				

## 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 & Supplement Record**

Name	Dose	Reason	New?
Allergies:			