



# Taking Care of MY Health Care

A guide for you or your caregiver to be active in either your own health care or caring for someone else.

Take this with you each time you meet with a health care provider (such as a doctor, nurse, pharmacist, or social worker); visit a hospital, nursing center, or other health care facility; or receive care in your home. You have rights to your personal health information. Using this guide can help you keep track of your health information, and may prevent other health problems.

Visit With: \_\_\_\_\_

**BE SURE YOU KNOW THESE THINGS:** Today's Date: \_\_\_\_\_

1. Why am I meeting with a health care provider today? \_\_\_\_\_  
\_\_\_\_\_
2. What medical conditions do I have? \_\_\_\_\_  
\_\_\_\_\_
3. Do I have a list of all the medicines I need to take, including all on the following list? **Important: Tell the health care provider any allergies or sensitivities you have to any medicine.**
  - \_\_\_ Prescription medicine (can buy only with a prescription)
  - \_\_\_ Over-the-counter medicine (can buy without a prescription)
  - \_\_\_ Vitamins, herbs, or supplements I take (such as St. John's Wort)
  - \_\_\_ Any NEW prescriptions I received during this visit
  - \_\_\_ Written directions on how to take all my medicines
  - \_\_\_ Major side effects of these medicines
4. Besides taking my medicines, what else do I need to do?
  - \_\_\_ Get blood tests or other medical tests? \_\_\_\_\_
  - \_\_\_ Get extra help or equipment at home? \_\_\_\_\_
  - \_\_\_ Avoid caffeine, alcohol, tobacco, or other drugs? \_\_\_\_\_
  - \_\_\_ Avoid eating certain foods? \_\_\_\_\_
  - \_\_\_ Eat certain foods? \_\_\_\_\_
  - \_\_\_ Change a bandage? \_\_\_\_\_
5. Which doctor or other health care provider will I see next and why?  
\_\_\_\_\_ How soon? \_\_\_\_\_  
How do I make an appointment? \_\_\_\_\_
6. Has my doctor sent a copy of my discharge plan or other information about my health (including all my medicine and other treatments) to my next health care provider or facility? **MAY I HAVE A COPY OF THAT INFORMATION TODAY?**
7. Do I need a referral for other health care providers, tests, or facilities?  
\_\_\_\_\_  
When should I expect the results from those tests? \_\_\_\_\_
8. Who should I call before my next appointment if I have questions or problems managing my care or dealing with my condition?

**Being sick can affect all areas of your life. If you have questions or concerns about any of the following, check the box and talk about them with a health care provider.**

- Alcohol, drug, or tobacco use
- Caregiving concerns
- Changes in behavior, memory or thinking
- Cultural customs affecting health care
- Financial or health insurance
- Home safety
- Medical equipment needs; or help with walking, bathing, eating, dressing
- Relationship/intimacy concerns
- Spirituality/religion
- Taking medicines
- Transportation & driving issues
- Understanding my illness or conditions

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**ON THE BACK OF THIS PAGE IS SPACE TO WRITE DOWN YOUR MEDICINES, QUESTIONS AND CONCERNS TO TAKE WITH YOU TO YOUR NEXT HEALTH CARE VISIT!**



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## MEDICINE LIST ★

### WHEN I GET UP, I TAKE:

Drug name- Brand name or generic & DOSE	This looks like? Color, shape	How many?	How I take it	I started taking this on: (date)	I stop taking this on: (date)	Why I take it	Who told me to take it (name)
<i>Example: Lisinopril 10 mg</i>	<i>Round yellow pill</i>	<i>1</i>	<i>By mouth with breakfast</i>	<i>June 3, 2008</i>	<i>Keep taking</i>	<i>High blood pressure</i>	<i>Dr. Smith</i>

### IN THE AFTERNOON, I TAKE:


### IN THE EVENING, I TAKE:


### BEFORE I GO TO BED, I TAKE:


### OTHER MEDICINES THAT I DO NOT USE EVERYDAY:


### QUESTIONS I WANT TO TALK ABOUT WITH MY HEALTH CARE PROVIDER AT MY NEXT VISIT:
