

Welcome to the most important health resource of your life: An easy, fill-in-the-blank health history created by you to prevent medical mistakes and to keep your doctors on the "same page". A "must-have" for Baby-Boomers!

HealthNote

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HEALTHNOTE

*AN EASY, DO-IT-YOURSELF GUIDE
TO MANAGING YOUR HEALTH INFORMATION*

REBECCA WALTON, RN

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Caring Innovations, LLC.

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caringinnovations.com

rebeccawaltonrn@gmail.com

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THE BASICS

Let's start with the easy stuff: **Name, date of birth, height, weight, address, phone numbers, marital status, ethnicity (your race), and religion or spiritual belief.** The **emergency contacts** are people who you can rely on to obtain this book in case you become ill. A **Power of attorney** is the person who will make medical decisions in case you are mentally or physically unable to (this is a legal document). A **living will** is something totally different. It is also a legal document which declares your wishes about end of life issues. More information on a Power of Attorney and a Living Will can be found in **Appendix A1**. Also include where your health documents are located (living will, Power of Attorney) just in case you are unable to communicate.

Name _____ DOB _____

Height _____ Weight _____

Address _____

Phone #1 _____

Phone #2 _____

Marital status _____ Ethnicity _____

Religion _____

Emergency contact #1 _____ relation to you _____

Phone #1 _____

Emergency contact #2 _____ relation to you _____

Phone #2 _____

My Power Of Attorney is: _____ relation to you _____

Phone# _____

☐ I have a living will ☐ I do not have a living will

My documents are located _____

PRESCRIPTION MEDICATIONS

Directions: Take out all of your medications and line them up on the kitchen table. Take the first bottle and write the ***name*** of the medicine. As for its ***purpose***, keep your explanation short and sweet: Just write in the part of the body, the disease, or dysfunction. If you do not know the reason why you take the medication, wait until you speak to your doctor before you fill it in. The ***dosage*** is the amount of mg (milligrams), ml (milliliters), g (grams), or u (units) you take at one time. For example, if you take 20 units of insulin in the morning and 40 units of insulin at night, use two separate lines. Each dose should have its own line to keep it organized. The ***frequency*** is how often you take the medication per day. Include the name of the ***doctor*** who prescribed you each medication so you know who to call for a refill (just in case you have multiple doctors). Repeat this process for all of your prescriptions. Double check your work - it is easy to make a mistake (these drugs all sound the same)!

Name	Purpose	Dosage	Frequency	Doctor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____

I) HEART

The number one killer of Americans: heart disease. Enough said.

- ☐ Chest pain/angina_____
- ☐ Abnormal EKG_____
- ☐ High blood pressure_____
- ☐ Atrial fibrillation (A-fib)_____
- ☐ Heart attack_____
- ☐ Cardiac tamponade_____
- ☐ Palpitations_____
- ☐ Heart transplant_____
- ☐ Congestive heart failure_____
- ☐ Pacemaker/defibrillator_____
- ☐ Congenital defect_____
- ☐ Murmur_____
- ☐ Cardiomyopathy_____
- ☐ Endocarditis/Pericarditis/Myocarditis_____
- ☐ Antibiotic use before any dental procedure_____
- ☐ Dilated ventricles_____

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