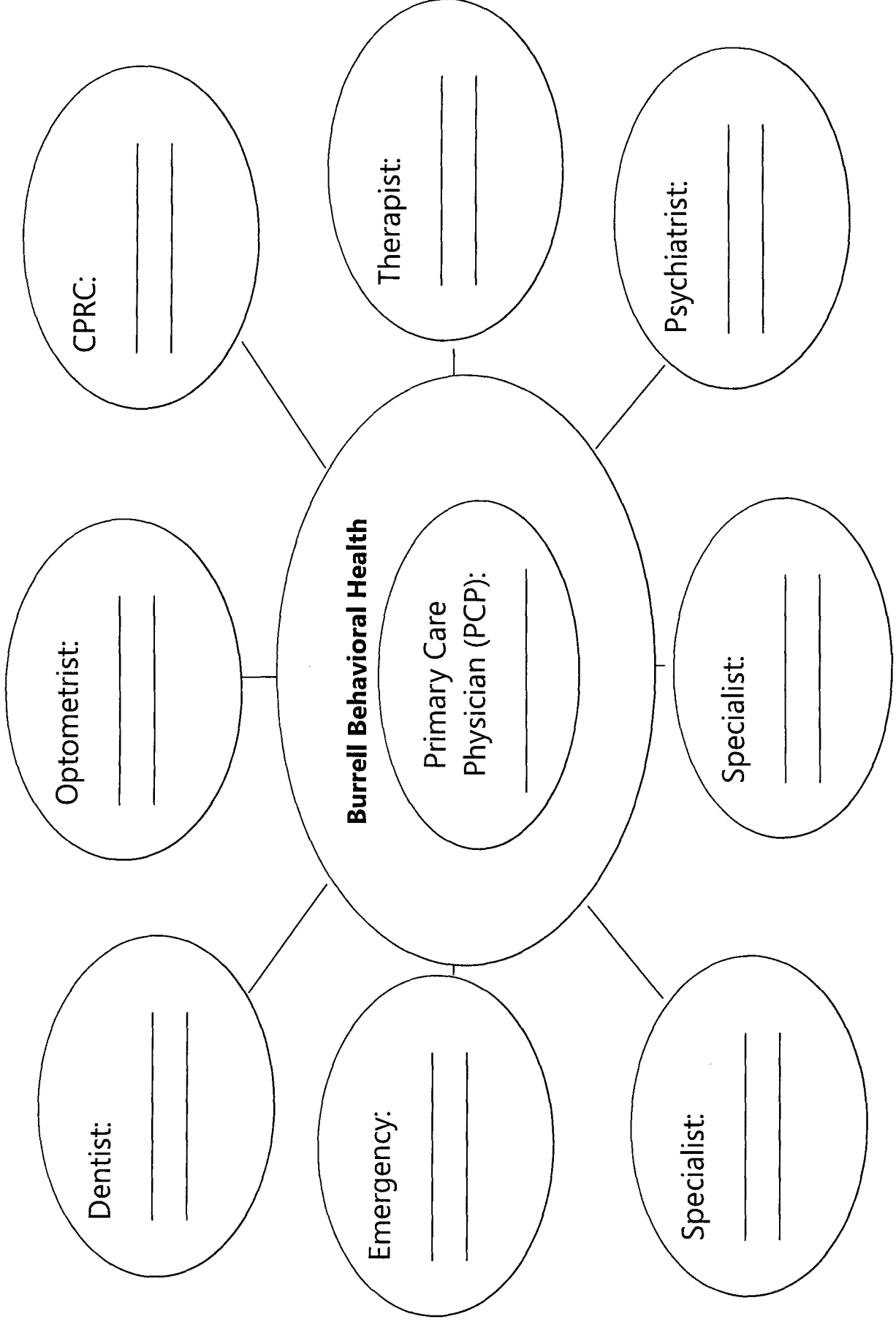


My Health
Information
Notebook

Who Is My Health Care Team?



Appointment Notes

Date:

Time:

Provider:

Questions

Provider Responses

1)

1)

2)

2)

3)

3)

4)

4)

5)

5)

To Do Before Next Appointment
1.
2.
3.
4.
5.

Upcoming Appointment Dates and Providers
1.
2.
3.
4.
5.

Appointment Notes

Date:

Time:

Provider:

Questions

1)

2)

3)

4)

5)

Provider Responses

1)

2)

3)

4)

5)

To Do Before Next Appointment
1.
2.
3.
4.
5.

Upcoming Appointment Dates and Providers
1.
2.
3.
4.
5.

Prepare for Your Visit to the Doctor

Fill out as much of this form as you can. It will help you get ready for your doctor visit.

Add any questions you would like to ask your doctor at the bottom. You may have to talk to your other doctors or family members for some of the information below.

Your Name _____

Your emergency contact

Name: _____

Phone number: _____

How is this person related to you? _____

Checklist (To prepare for your visit to the doctor):

- Consider bringing a translator
- Bring a pen and paper to take notes
- Bring any X-rays or recent test results
- Bring your insurance card
- Bring this completed form

Your medical history (List your health problems, such as high blood pressure, diabetes, etc.):

-
-
-
-

Surgical history/hospitalizations

-
-
-
-

What medicines do you take? (Include prescription drugs, over-the-counter medicines and vitamins. List how much you take, when you take it and how often.):

- 1.
- 2.
- 3.
- 4.
- 5.

Recent changes in your health (Include headaches, sore muscles, etc.):

-
-
-
-

Please list any important information related to your family's medical history

Parents:

Siblings:

Children:

Do you have any allergies? (Food, medications or products):

-
-
-
-

Are you allergic to latex? Circle one: Yes No

Childhood illnesses (Measles, mumps, chicken pox, etc.):

-
-
-
-

Have you ever had a blood transfusion? Circle one: Yes No

Please list the following dates

- Your last tetanus shot _____
- Your last pneumonia vaccine _____
- Your last flu shot _____

Questions for your doctor

- 1.
- 2.
- 3.
- 4.
- 5.

Notes
