



My Health Record

Your physical health and mental health are connected.
Take charge of your medical and mental health care.

NAME

BIRTH DATE

RECORD YEAR

MEDICAL PLAN

MEDICAL PLAN ID

IMMUNIZATIONS (flu shots, etc.)

MEDICAL CONDITIONS AND ALLERGIES

MEDICATIONS & SUPPLEMENTS (prescribed or over-the-counter)

Type	Date	Name	Description	Name	Description	Dosage

Emergency Contact

NAME

PHONE

ALT PHONE

MEDICAL VISIT TIPS

1. Ask your doctor or therapist questions about anything you don't understand. Write questions down or bring someone with you to your appointments.
2. If you can't read your doctor's handwriting, your pharmacist probably can't either. Ask your doctor to read the prescription to you so you can tell your pharmacist. If you feel comfortable, ask for it to be re-written.
3. Ask for education pamphlets about your diagnosis and treatments.
4. If you don't agree with the treatment plan, say so and ask for other options. This will be safer than letting the doctor or therapist think you will be following their treatment recommendations.
5. Use the attached Health Record at every visit & keep the original. Make sure your Primary Care doctor knows what your other providers have told you and have prescribed for you.
6. Don't stop medication or treatment without asking your doctor how to do it safely.
7. If you are taking medication, ask if you are taking your medicine correctly at every doctor visit. If your medicine bottle reads "take 4 pills daily," does that mean 4 pills every morning, one pill every 6 hours through the night, or one pill 4 times a day during waking hours.
8. Ask your doctor or therapist to write down what they think may be your diagnosis and what the plan of treatment is going to be.

(Turn page over to track medical visits)

MEDICAL VISITS

1

Date of Visit	Reason for Visit	Doctor Name	Diagnosis	Tests Performed
Test Results	Doctor Instruction	Medication Changes	Next Steps	

2

Date of Visit	Reason for Visit	Doctor Name	Diagnosis	Tests Performed
Test Results	Doctor Instruction	Medication Changes	Next Steps	

3

Date of Visit	Reason for Visit	Doctor Name	Diagnosis	Tests Performed
Test Results	Doctor Instruction	Medication Changes	Next Steps	

4

Date of Visit	Reason for Visit	Doctor Name	Diagnosis	Tests Performed
Test Results	Doctor Instruction	Medication Changes	Next Steps	