

Name \_\_\_\_\_  
Record Started on \_\_\_\_\_

# Health Record

Developed by  
Abbotsford & Mission  
Seniors Clinic  
(604) 851-4775

Based on Materials developed by  
Eric Coleman, MD ([www.caretransitions.org](http://www.caretransitions.org)) and  
PeaceHealth ([www.sharedcareplan.org](http://www.sharedcareplan.org))

*“It’s your health—you can take charge!”*



**REMEMBER to take this record with you to all  
your doctor or hospital visits.**

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# This is the Health Record of:

(Please Print Clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

The person who gave me this Health Record  
was: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Resources

### Health Link: 8-1-1

Speak to a registered nurse, 24 hours a day, 7 days a week for confidential advice and information— with translation services available in over 130 languages. The nurse can help you:

- Help identify health concerns
- Discuss treatment options, and
- Advise you when to see a health professional

Health Services Representatives are available to connect with services in the community.

A pharmacist is available from 5pm to 9am 7 days per week including holidays; dietician Mon – Fri 0900-1700 excluding holidays through Health Link.

TTY for deaf or hard-of-hearing: 1-866-889-4700

[www.healthlinkbc.ca](http://www.healthlinkbc.ca)

### Seniors Information Line

1-800-465-4911

8:30 AM to 4:30 PM, Monday-Friday

Provide information on a wide variety of federal and provincial programs.



Eating habits:

Are there some foods I do not/must not eat?

Yes       No

Describe: \_\_\_\_\_

Beliefs:

My religion/spirituality may affect my health care:

Yes       No

Comments: \_\_\_\_\_

I have Advance Directives:       Yes     No

I have a Representation Agreement:  Yes     No

The following people are involved in my care:  
(Please print and write numbers with care)

Name	Role	Phone

## Notes

Remember to ASK these three questions about health care issues:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

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# Notes from Health Care Visits

When you visit a health care professional, remember to ASK these three questions about health care issues:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

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I learn best by:

- Reading
- Listening to tapes
- Seeing pictures/videos
- Being spoken to
- Being shown
- Other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have access to the Internet:  Yes  No

When making health care decisions:

- I like to have a lot of information and make decisions in consultation with health care professionals
- I like to work in partnership with health care professionals
- I like health care professionals to make most decisions

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical History

- Arthritis
- Abnormal Heart Rhythm
- Back Problems
- Cancer
- Diabetes
- Hardening of the Arteries
- Heart Disease
- Heart Failure
- High Blood Pressure
- Hip Fracture
- Lung Disease
- Osteoporosis
- Pneumonia
- Reflux (Heartburn)
- Stroke
- Other:

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## Monitoring My Health

*This is a place to record things you can monitor to maintain or improve your health. Make note of goal values you want to reach or maintain over time.*

Example:

	BP	weight	sugar	
<b>GOAL</b>		<b>195 lb.</b>	<b>6mmol</b>	
May 7/06	145/85	215.5 lb.	12 mmol	

<b>DATE</b>				
<b>GOAL</b>				

## If I'm ever hospitalized...

Before I leave the hospital:

- I have been involved in decisions about what will take place after I leave the hospital.
- I understand where I am going after I leave this hospital and what will happen to me once I arrive.
- I have the name and phone number of a person I should contact if a problem arises during my transfer.
- I know what medications I am supposed to take, how to take them, their side effects and I have the prescriptions in hand.
- I understand the symptoms I need to watch out for and whom to call should I notice them.
- I understand how to keep my health problems from becoming worse.
- My doctor or nurse has answered my most important questions before I leave the hospital.
- My family or someone close to me knows that I am coming home and what I will need once I leave the hospital.
- If I am going directly home, I have scheduled a follow-up appointment with my doctor and transportation to the appointment.

## Hospitalizations and Procedures

Date	Type of admission or procedure

## Allergies and Intolerances

Substance	Reaction

## Immunizations

*Immunizations are vaccines taken to prevent illness. It is important to keep a record of these in case you are ever exposed to a serious or contagious disease.*

Vaccine	Date

## Goals

*A goal is a motivating reason you are working toward better health. Write your goals here:*

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### How I Will Get There: Next Steps

*Next steps are small, short-term steps that you are ready and willing to take toward reaching your goals.*

Date started	Step	Date completed





