



## My Health Record

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

**Record started on:** \_\_\_\_\_

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



# **This is the Health Record of:**

*(Please print clearly)*

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

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

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

Preferred phone number: \_\_\_\_\_

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

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

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

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

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

## About Me

The most important information you need to know about me is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My strengths are: \_\_\_\_\_  
\_\_\_\_\_

My challenges are:

☐ Vision

☐ Hearing

☐ Speech

☐ Transportation

☐ Mobility

☐ Memory

☐ Other \_\_\_\_\_

I speak:

☐ English

☐ French

☐ Other \_\_\_\_\_

I need a translator: ☐ Yes ☐ No

**Eating habits**

There are some foods I do not or must not eat:

☐ Yes      ☐ No

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

**Beliefs**

My religion or spirituality might affect my health care:

☐ Yes      ☐ No

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

**Legal Documents**

I have Advance Directives: ☐ Yes    ☐ No

I have a Representation Agreement: ☐ Yes    ☐ No

The following healthcare providers are involved in my care: (Please print and write numbers clearly)

Name	Role	Phone

I learn best by:

- |  |  |
|--|--|
| <input type="checkbox"/> Reading                 | <input type="checkbox"/> Being spoken to |
| <input type="checkbox"/> Listening to tapes      | <input type="checkbox"/> Being shown     |
| <input type="checkbox"/> Seeing pictures, videos | <input type="checkbox"/> Other           |

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

\_\_\_\_\_

I have access to the Internet: ☐ Yes ☐ No

## **Health Care Decisions**

When making health care decisions:

- ☐ I like to have a lot of information and talk with health care professionals about my decisions.
- ☐ 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
- ☐ Heartburn (Reflux)
- ☐ Stroke

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

## Hospitalizations and Procedures

[illegible]

## Allergies and Intolerances

Substance	Reaction



## **If I am ever in the hospital...**

Before I leave the hospital I will make sure:

- ☐ I am involved in decisions about what will take place after I leave the hospital.
- ☐ I understand where I am going after I leave the 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, and their side effects, and I have the prescriptions in hand.
- ☐ I understand the symptoms that I need to watch out for and I know what to do or who to contact if 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.
- ☐ I have scheduled a follow-up appointment with my doctor and transportation to the appointment if I am going directly home.

## **Principles for Managing Health**

Being in charge of my health means:

- I am a partner with my health care team.
- I understand my health conditions and will ask questions to make sure I understand.
- I know when, how and which health care professional I should contact when I need help (Names and phone numbers on page 3).
- I am confident that I can manage my health care.
- I will use and maintain this record to help me manage my health.
- I will share this record with the health care professionals involved in my care.

## My Health Concerns

This is a list of common health concerns.

Check any that apply to you.

- ☐ My ability to manage my chronic condition
- ☐ Thinking/memory problems
- ☐ Medication issues
- ☐ Emotional issues
- ☐ End of life issues
- ☐ Spiritual support
- ☐ Getting answers to specific questions

Other concerns I have are: \_\_\_\_\_

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Notes

Remember to ask these 3 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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Goals

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

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

# 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:

Date	Blood Pressure	Weight	Blood Sugar	
Goal		195 lb.	6mmol	
May 7/06	145/85	215.5 lb.	12 mmol	

Date				
Goal				

## Exercise and Activity Goal

For example: Walk 30 minutes 3 times each week

[illegible]

**Immunizations**

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

Vaccine Name	Date



## What to Watch For

These are health problems that I will watch for and what I will do if I have them.

[illegible]

## Resources

### Fraser Health Resources

Home Health Service line **1-855-412-2121**

Virtual Health Care **1-800-314-0999**

### Provincial resources

To speak to a nurse, Pharmacist or dietician dial **8-1-1**

For community resources dial **2-1-1**

Crisis line **1-800-suicide (1-800-784-2433)**

Anti-fraud centre **1-888-495-8501**

Firstlink Dementia helpline **1-800-936-6033**

Alzheimer's Society of BC **1-800-667-3742**

### Websites

Family Caregivers of British Columbia **1-877-520-3267**  
[familycaregiversofbc.ca](http://familycaregiversofbc.ca)

Disability resource database  
[findsupportbc.com](http://findsupportbc.com)

Information on health concerns  
[healthlinkbc.ca](http://healthlinkbc.ca) or [gov.bc.ca/healthtopics](http://gov.bc.ca/healthtopics)

Pain management  
[painbc.ca](http://painbc.ca)

Information about Representation Agreements  
[nidus.ca](http://nidus.ca)

Seniors non-profit legal advice  
[seniorsfirstbc.ca](http://seniorsfirstbc.ca)

Information about sleep and anxiety  
[anxietycanada.ca](http://anxietycanada.ca)



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

This information does not replace the advice given to you by your healthcare provider.

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