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Care Transition Services*



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Certified Caregivers, In-Home Nursing Services,
Geriatric Care Management, CAREPACK®, LifeLine Alarms
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CAREPACK®

PERSONAL HEALTH RECORD

This is the Personal Health Record of:

If you have any questions or concerns,

Contact: _____

Phone: _____

Remember to take this to your doctor visits.



Eric A. Coleman, MD, MPH, The Care Transitions InterventionSM

PERSONAL INFORMATION

Name:

Address:

Phone:

Alternate Phone:

Date of Birth:

Advance Directive YES NO

Where is it located?

Caregiver Name:

Relationship:

Phone:

Alternate Phone:

PROVIDER INFORMATION

Primary Care Doctor:

Phone:

Pharmacy:

Other Providers:

QUESTIONS FOR MY PRIMARY CARE DOCTOR

DISCHARGE CHECKLIST



Before I leave the care facility, the following tasks should be completed:

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

TO BETTER MANAGE MY HEALTH AND MEDICATIONS I WILL:

- **Take this Personal Health Record, with me wherever I go, including ALL doctor visits and hospitalizations.**
- **Call my doctor if I have questions about my medications, or if I want to change how I take my medications.**
- **Tell my doctors about ALL medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.**
- **Update my Medication Record with any changes to my medications.**
- **Know why I am taking each of my medications.**
- **Know how much, when and for how long I am to take each medication.**
- **Know possible medication side effects to watch out for and what to do if I notice any side effects.**

MEDICATION RECORD



