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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.***

THE CARE TRANSITIONS PROGRAM

Eric A. Coleman, MD, MPH, The Care Transitions Intervention℠

## 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

## PERSONAL GOAL

## NOTES FOR MY PRIMARY CARE DOCTOR

**RECENT HOSPITALIZATION:**

**ADMIT DATE:**

**DISCHARGE DATE:**

**REASON FOR HOSPITALIZATION:**

## MEDICAL HISTORY & RED FLAGS

# 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.**

This tool was developed by Dr. Eric Coleman, UCHSC, HCPR,
with funding from the John A. Hartford Foundation and the Robert Wood Johnson Foundation.

## 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

CAREFORCE

EXCELLENCE IN HOME CARE

# MEDICATION RECORD

| MEDICATION | DOSE | REASON | NEW? |
|---|---|---|---|
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**ALLERGIES:**

**Notes or Questions for my Primary Care Doctor:**