

Personal Health Record

of _____

Questions or concerns?

Call: _____

at ____ - ____ - _____

**REMEMBER: Take this with you
to all your doctor visits**



Original tool developed by Dr. Eric Coleman, UCHSC, HCPR, with funding from the John A. Hartford Foundation and the Robert Wood Johnson Foundation. This adapted tool is being provided courtesy of Healthcare Quality Strategies, Inc., (HQS), the Medicare Quality Improvement Organization for New Jersey, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9th SOW-NJ-7.2-08-05 Rev. 5/2009



New Jersey

Care Transitions

Project

Personal Information

Address:

Home Phone #:

Alternate Phone #:

Birth Date:

Advance Directive/Living Will: ___Yes ___No

Where located?

Caregiver Information

Name:

Relation to Patient:

Home 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 this facility 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 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 them.
- I understand what 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 by 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 this appointment.

To better manage my health and medications, I will . . .

- Take this Personal Health Record with me to wherever I go, including ALL doctor visits and future 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

Medication Record

