

# Important Health Information

**Name and date of birth**

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**Primary care provider**

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**Neurologist**

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**Preferred pharmacy and phone**

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**Hospital / healthcare system**

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**Where insurance information is kept**

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# Emergency & Essential Information

Keep essential information easy to find and update it when something changes.

**For a medical emergency, call 911 or your local emergency number.**

## Emergency contact

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## Preferred hospital

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## Important health information

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## Allergies

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## Where the current medication list is kept

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## Where identification / insurance information is kept

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# Current Medications

| Medication | Dose | When Taken | What It's For | Prescribed By |
|------------|------|------------|---------------|---------------|
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |

Use prescription labels and the official healthcare medication list as your authoritative sources.

# Current Medications - Continued

| Medication | Dose | When Taken | What It's For | Prescribed By |
|------------|------|------------|---------------|---------------|
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |
|            |      |            |               |               |

Use prescription labels and the official healthcare medication list as your authoritative sources.

# Medication Schedule

| Medication | Morning | Midday | Evening | Bedtime | Other |
|------------|---------|--------|---------|---------|-------|
|            |         |        |         |         |       |
|            |         |        |         |         |       |
|            |         |        |         |         |       |
|            |         |        |         |         |       |
|            |         |        |         |         |       |
|            |         |        |         |         |       |

- ☐ Do you offer pre-sorted or multi-dose packaging?
- ☐ Can medications be organized by day and time?
- ☐ Is there a charge?
- ☐ Can most prescriptions be included?
- ☐ How are prescription changes handled?
- ☐ Can refill dates be coordinated?
- ☐ Is pickup or delivery available?

# Medication Refill Tracker

| Medication | Refills Remaining | Next Refill / Check | Pharmacy |
|------------|-------------------|---------------------|----------|
|            |                   |                     |          |
|            |                   |                     |          |
|            |                   |                     |          |
|            |                   |                     |          |
|            |                   |                     |          |
|            |                   |                     |          |
|            |                   |                     |          |

## Questions, answers, instructions, and who answered

# Allergies & Important Precautions

| Allergy / Precaution | Reaction / Important Information | Source / Professional |
|----------------------|----------------------------------|-----------------------|
|                      |                                  |                       |
|                      |                                  |                       |
|                      |                                  |                       |
|                      |                                  |                       |
|                      |                                  |                       |
|                      |                                  |                       |

# Healthcare Provider Directory

| Provider / Service | Name | Phone / Contact |
|--------------------|------|-----------------|
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |
|                    |      |                 |

# Healthcare & Rehabilitation Team

| Name | Role | What They Help With | Contact |
|------|------|---------------------|---------|
|      |      |                     |         |
|      |      |                     |         |
|      |      |                     |         |
|      |      |                     |         |
|      |      |                     |         |
|      |      |                     |         |
|      |      |                     |         |

# Treatments & Rehabilitation Overview

| Service / Treatment | Provider | Frequency | Important Information |
|---------------------|----------|-----------|-----------------------|
|                     |          |           |                       |
|                     |          |           |                       |
|                     |          |           |                       |
|                     |          |           |                       |
|                     |          |           |                       |
|                     |          |           |                       |

# Equipment & Assistive Devices

| Device / Equipment | Recommended By | Instructions / Questions |
|--------------------|----------------|--------------------------|
|                    |                |                          |
|                    |                |                          |
|                    |                |                          |
|                    |                |                          |
|                    |                |                          |
|                    |                |                          |
|                    |                |                          |

# Changes I Have Observed

| What I Observed | When | What They Tell Me | Who to Ask |
|-----------------|------|-------------------|------------|
|                 |      |                   |            |
|                 |      |                   |            |
|                 |      |                   |            |
|                 |      |                   |            |
|                 |      |                   |            |
|                 |      |                   |            |

# Questions for the Healthcare Team

## Medications

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## Mobility

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## Communication

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## Thinking / memory

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## Emotional changes

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## Daily activities / independence

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# What Does the Person I Care For Want the Healthcare Team to Know?

**Don't only talk about the person. Whenever possible, talk with the person.**

**What is difficult?**

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**What has improved?**

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**What is frustrating?**

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**What do you want to do?**

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**What worries you?**

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**In your own words**

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# Instructions From Healthcare Professionals

| Date / Professional | Instructions | Next Step | Follow-Up |
|---------------------|--------------|-----------|-----------|
|                     |              |           |           |
|                     |              |           |           |
|                     |              |           |           |
|                     |              |           |           |
|                     |              |           |           |
|                     |              |           |           |

# Follow-Up List

| What Needs to Be Done? | Who? | By When? | Done |
|------------------------|------|----------|------|
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |
|                        |      |          |      |

# Important Documents & Where to Find Them

This page is for organization only and is not legal advice.

## Insurance information

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## Identification

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## Current medication list

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## Discharge instructions

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## Healthcare documents

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## Advance-care documents, if applicable

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## Equipment information

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|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Medication list     | <input type="checkbox"/> Allergies                     |
| <input type="checkbox"/> Medication schedule | <input type="checkbox"/> Equipment                     |
| <input type="checkbox"/> Pharmacy            | <input type="checkbox"/> Emergency information         |
| <input type="checkbox"/> Providers           | <input type="checkbox"/> Treatments                    |
| <input type="checkbox"/> Therapy             | <input type="checkbox"/> Insurance/contact information |

# Medications & Health Information Reflection

**What is well organized?**

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**What is confusing?**

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**What needs updating?**

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**What does the person want clarified?**

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**What could someone else help manage?**

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**What should we ask at the next appointment?**

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