

Request copies of your x-ray films for your permanent files. They can be used as a comparison and/or provide necessary information needed for a treatment. These can prove to be invaluable. If you have several physicians you visit, or when you are traveling, be sure to take the pertinent information with you. The x-ray films fit perfectly in an art portfolio that is available at your local art supply store.

If you have special needs or you are a caregiver for such an individual make a video on what is needed for care. Include feeding, bathing, cooking, transfer techniques, and personal care. As well as where items need to be located in the kitchen, bathroom, and the house, and notes to assist other caregivers and/or attendants. If the x-ray films are available, you can tape them to a window with some type of light behind them, so while you are videotaping you will be able to explain the medical situation. Also, if there is equipment required this is the perfect opportunity to explain how to use it, what areas of concern require special attention, type of maintenance, and any other information. This provides a continuum of care to enhance the quality of life of an individual and helps eliminate the repetition of information. Look for my upcoming book for caregivers to assist a person with long-term care needs and to maintain stabilized medical care.

The following page is a general overview of each section within the Personal Medical Journal.

Consider your journal as a tool to assist you and as you use it you will no longer need to memorize every detail regarding your medical history. The professional is generally pleased to see you are organized and have the information they need for your optimum care.

Congratulations! You now have the comfort of self-reliance and accuracy with your medical history.

Enjoy the peace of mind!



GLORIA ANN LOPEZ

## A DAY OF SUNSHINE

A day of sunshine is merely a breath of fresh air

The beauty surrounding

The vision to capsule

The evening of solitude

The stars to complete the wonder

of life and the beauty within.



GLORIA ANN LOPEZ

## Medical History

### Mother's Pregnancy History

**Medical History:** An overview to assist with the general questions asked. State any diagnosis or any corrective procedure that has occurred during your lifetime.

**Mother's Pregnancy History:** Especially important for children as these questions will come up for years.

## Allergy List

MEDICATION     FOOD     OTHER

*(Best to use a separate page for each category.)*

	Name	Date	Reaction
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Allergies



## Hospitalizations + Surgeries + Procedures Records

HOSPITALIZATION     SURGERY     PROCEDURE

*(Best to use a separate page for each category.)*

Date \_\_\_\_\_

Medical Facility \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Other \_\_\_\_\_

Temperature \_\_\_\_\_ Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Glucose \_\_\_\_\_ Other \_\_\_\_\_

Blood Test \_\_\_\_\_

Anesthesia \_\_\_\_\_ Dr. \_\_\_\_\_

Reaction  No  Yes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counteraction \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dr. \_\_\_\_\_ Dr. \_\_\_\_\_

Procedure \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complications \_\_\_\_\_

\_\_\_\_\_

Length of Stay \_\_\_\_\_

Discharge / Care Instructions.  See hospital discharge instructions.

Add a separate page if you need to write more detail.

## Medical Appointment Records

DOCTOR VISITS      OTHER SERVICES      THERAPISTS

*(Best to use a separate page for each category.)*

Year \_\_\_\_\_

Date \_\_\_\_\_ Dr. / Other \_\_\_\_\_

Purpose \_\_\_\_\_

Temperature \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Glucose \_\_\_\_\_ Other \_\_\_\_\_ Weight \_\_\_\_\_

Blood Test \_\_\_\_\_

Lab     X-ray     Other Tests \_\_\_\_\_

Special Referral    Dr. / Other \_\_\_\_\_

Phone (    ) \_\_\_\_\_  Referral Slip     X-ray Copy

Purpose \_\_\_\_\_

Next Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

Request copy of Dr.'s report sent to Home and  Other \_\_\_\_\_

Visit Summary \_\_\_\_\_

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### QUESTIONS • CONCERNS

*(It is always helpful to have your list ready before your meeting.)*

Date \_\_\_\_\_ Dr. / Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_