



PERSONAL

a resource for

HEALTH

recording & directing

JOURNAL

your health story

by Dr.
Vicki

Vicki Rackner, MD

Dear Reader,

It's hard to be a patient. I wish that I could personally be there to guide you through the health care system as I do with friends and family members. The Personal Health Journal you hold in your hands is my way of being with you. Think of this book as a concerned, listening friend with you every step of the way as you navigate the sometimes confusing health care system and make important choices for your health.

The job descriptions of "patient" and "doctor" are rapidly changing. The Personal Health Journal supports you as you deepen your collaborative partnership with your doctor. It helps you become a more active participant in your health care.

Chapter One: My Personal Medical Story offers several ways of understanding and documenting your medical story.

Chapter Two: My Doctor Appointment helps you get the most from your limited moments with your doctor.

Chapter Three: Making Medical Choices walks you through the steps of medical decision making.

Chapter Four: Living a Healthy Life inspires you to know yourself better. Medical care is a response to the question, "What's wrong?" This chapter asks the question, "What's right?"

Chapter 5: Resources and Records offers a gathering place for information that supports a healthy life.

Many worksheets, like the medication log, offer a choice of format. That's because you might be a "lumper" or a "splitter." Use the format that honors your style.

There's no right way to use the Personal Health Journal. You will not be graded. However, I invite you to observe your ongoing progress toward your defined health goals.

My wish for you is that you leave the doctor's office saying, "I got just what I wanted and needed." I hope the Personal Health Journal helps you get there. And I remind you that good health care is not an end in itself; good health care is a means to a healthy life. You can embrace health no matter what's in your medical chart because health is more than the absence of disease. I think of health as being authentically who you are, contributing your gifts to the world.

To Life!
Dr. Vicki

Vicki Rackner MD

PS Please write me or email me and let me know how the Personal Health Journal made a difference in your life.



MY PERSONAL MEDICAL STORY

My Medical Story: The Big Picture

My Medical Story Expanded • My Medical Wallet Card

My Medicine • My Family Medical Tree

MY PERSONAL MEDICAL STORY

Your medical story began on the day you were born and is continually unfolding. The story includes the events in your body and in your life, your experience of the events and how you make sense of them. Your story that you tell yourself and others about your health shapes your choices and your actions. Your medical story includes your family history, your medications, and accounts of anything that went wrong in your body, what you did about it, and the outcome.

The pages in this chapter include worksheets to capture and organize your medical history. (Your medical records in Chapter Five, Records & Resources, contain a fuller description of your story.)

My Medical Story: The Big Picture—Your medical history is filled with important details. And as you know, sometimes it's hard to see the forest for the trees. This worksheet is a one-page aerial shot of the forest. Your doctor maintains a similar page in the front of your medical chart called "The Problem List." (The term "problem list" is a phrase in Medicaese, a specialized language your doctor speaks. Your doctor does not think of you as a problem!)

My Medical Story: The Details—This is a place to record the details of your medical story. This is the collection of the trees. You can include the tests that led to the diagnosis, your treatment course and what happened to your symptoms as a result of this treatment.

My Medical Story: The Wallet Card—One day your life may depend on your ability to tell your medical story. Your wallet card can help you tell it.

My Medicine—Medicine is anything you put in or on your body to alter its function, including prescription medication, over-the-counter medication, vitamins, nutritional supplements and herbal remedies. While you hope that medicine will improve your health, you also run the risk that it will harm you. You increase the chance that you will be helped and not harmed when you and your doctor know what medicine you're taking and why.

My Family Medical Tree—You inherited a family legacy of health that's transmitted in your genes and in your family's health habits. When you understand this legacy, you are in a better position to target lifestyle changes and medical screening to enjoy optimal health.

MY MEDICAL EVENTS "PROBLEM LIST"

Age (Date)

Medical Event (Diagnosis and Treatment) Operations, Medical Condition

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



MY MEDICAL STORY EXPANDED: INSTRUCTIONS

Here's the place to record some of the details in the chapters of your medical story.

You can record the symptoms that led to the diagnosis (chest tightness, shortness of breath) or the diagnosis itself (heart disease). You can record procedures that led to the diagnosis (heart cath shows three-vessel disease) and excluded other medical conditions (lung scan normal). You can record the doctors or hospital involved in your care and the nature of your treatment (angioplasty). You can reflect on your plan to stay healthy (aspirin each day, daily exercise, heart healthy diet, laughter!)

MY MEDICAL STORY EXPANDED

Medical Condition/Diagnosis: "Presbyopia" (I need reading glasses)

Date of Onset: 1999

Dates of Procedures: Eye exam, glaucoma screen Feb. 1999

Physicians/Surgeons: Dr. David

Medication: _____

Life Style Change: _____

Medical Condition/Diagnosis: "Peptic Ulcers"

Date of Onset: Summer 2001 (When I started the new job)

Dates of Procedures: Summer 2001 - Upper endoscopy. I have a picture of the ulcer

Physicians/Surgeons: Dr. Stevens

MY MEDICAL STORY EXPANDED

Medical Condition/Diagnosis: _____

Date of Onset: _____

Dates of Procedures: _____

Physicians/Surgeons: _____

Medication: _____

Lifestyle Change: _____

Medical Condition/Diagnosis: _____

Date of Onset: _____

Dates of Procedures: _____

Physicians/Surgeons: _____

Medication: _____

Lifestyle Change: _____

Medical Condition/Diagnosis: _____

Date of Onset: _____

Dates of Procedures: _____

Physicians/Surgeons: _____

Medication: _____

Lifestyle Change: _____

I am on a healing journey.

BECOME A MEDICAL DETECTIVE

Describing My Symptoms

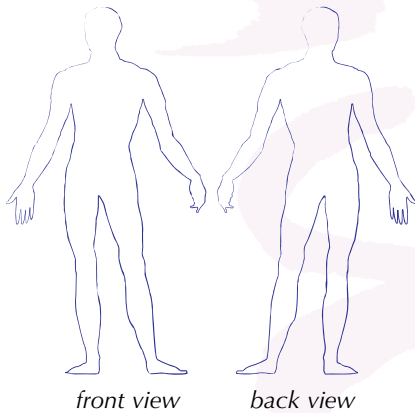
Describe your last episode of pain.

MY PAIN IS A _____

Describe your pain in a few words. Example:
Headache, stomach cramp, muscle ache, insomnia.

LOCATION

Place an **x** where the pain starts and draw
an arrow that shows where it travels.



SENSATION

Check as many boxes as apply.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> sharp | <input type="checkbox"/> hot |
| <input type="checkbox"/> stabbing | <input type="checkbox"/> numbness |
| <input type="checkbox"/> pressure | <input type="checkbox"/> throbbing |
| <input type="checkbox"/> squeezing | <input type="checkbox"/> lightning bolts |
| <input type="checkbox"/> burning | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> cold | <input type="checkbox"/> other _____ |

DURATION

How many minutes/hours/days between when
the pain starts and it stops?

FREQUENCY

How many episodes have you had in
the past day, week or month?

INTENSITY

Circle the number.

0	1	2	3	4	5	6	7	8	9	10
Pain Free	Mild Pain		Tolerable Pain		Distressful Pain		Severe Pain		The worst pain I can imagine	

My Detective Work

Consider the connection between your pain and what you eat, your activities, your level
of stress, your sleep, medication, the time of day or season of the year and your environment.

This seems to trigger the pain: _____

This makes it better: _____

This makes it worse: _____

This makes no difference: _____

ASSESSMENT: Here are some questions to consider.

- What do I fear? • Do I have other feelings about the symptoms? • How does this problem affect my life?
- Have I or other family members encountered similar experiences? • Why am I going in for an
evaluation now instead of last week or last month? • What do I expect from my doctor?

MY MEDICAL WALLET CARD

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Cut Here 

Fold B Here 

Fold B Here 

Name _____

Date of Birth _____

Current medications: _____

Allergies: _____

EMERGENCY CONTACT

Name _____

Telephone _____

Relationship _____

PRIMARY CARE PROVIDER / FAMILY DOCTOR

Name _____

Telephone _____

Living Will: Yes No

Organ Donor: Yes No

Durable Power of Attorney _____

Telephone _____

Cut Here 

Here's how I'm at my best as a patient (My sensitivities, communication style, who I need for support):

Fold B Here 

Special Circumstances/Notes (language, hearing etc.):

Fold B Here 

Significant Medical Events/Medical Diagnosis:

Operations:

MY MEDICINE I

Prescription Medication, Over-the-Counter Medication, Vitamins, Supplements & Herbs

Medication name and dose _____

For Treatment of _____

Started _____ Stopped (why) _____

Comments _____

Medication name and dose _____

For Treatment of _____

Started _____ Stopped (why) _____

Comments _____

Medication name and dose _____

For Treatment of _____

Started _____ Stopped (why) _____

Comments _____

Medication name and dose _____

For Treatment of _____

Started _____ Stopped (why) _____

Comments _____

ALLERGIES

Medication/food/allergen _____ Reaction _____

Medication/food/allergen _____ Reaction _____

I take medication as prescribed.

FAMILY MEDICAL TREE

Instructions: In the circles (*women*) and squares (*men*), write your relatives' names, ages at death and cause of death. In the lines below record their medical conditions and their age at diagnosis.

Maternal Grandparents

○	□
---	---

_____	_____
_____	_____

Paternal Grandparents

○	□
---	---

_____	_____
_____	_____

Aunts & Uncles

○	□
---	---

_____	_____
_____	_____
_____	_____

Parents

○	□
---	---

_____	_____
_____	_____
_____	_____

Aunts & Uncles

○	□
---	---

_____	_____
_____	_____
_____	_____

Sisters & Brothers

○	○	○	□	□	□
---	---	---	---	---	---

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

It's always okay in the end, if it's not okay, it's not the end.



MY DOCTOR APPOINTMENT

I Notice • Preparing for the Appointment
Understanding My Doctor • Implementing the Plan
My Health Calendar

MY DOCTOR APPOINTMENT

Your doctor appointment is a time that both you and your doctor ask and answer questions. You have a limited number of moments to cover lots of territory. In the average 10- to 15-minute appointment, you tell your story, the doctor performs the physical exam, you discuss what could be happening with your body and make a plan for the next steps. Make the most of each moment by preparing for the appointment.

I Notice—You schedule an appointment with your doctor when you notice something different about the way your body's working. The first part of the doctor visit is a time in which you tell your doctor what you notice. In fact, in eight out of ten patients, your doctor arrives at an accurate diagnosis just by listening to this story. You may have learned to ignore your body's messages, like when you need to eat or sleep or use the bathroom. You are best served when you enhance your noticing skills.

Preparing for the Appointment—This worksheet contains the nuts and bolts of being prepared for the appointment. Where is the office, where do you park and what records do you bring?

Talking With My Doctor—Wouldn't it be great to leave the doctor's office saying, "That was great! I got just what I wanted and needed"? Of course you want "patient-centered care" in which your agenda is addressed. When you define your goals for the appointment, organize your questions and give yourself a pep talk about overcoming embarrassment, you increase the chance of getting the kind of health care you want and deserve.

Understanding Your Doctor—This worksheet helps you leave the appointment with a better understanding of what your doctor thinks. Here is a doodle-sheet for your doctor; you can ask your doctor to write down technical terms, draw a picture and outline your options.

Implementing the Plan—Your doctor appointment ends with a plan. Maybe you'll get further tests or see a specialist; maybe you'll return to discuss your treatment options. This worksheet helps you understand and implement the plan.

My Health Calendar—You and your doctor develop a customized plan for medical screening and follow-up. With this form, you can manage your own schedule, instead of waiting for follow-up reminders from your doctor.

I NOTICE: INSTRUCTIONS

Treatment of pain is the most common reason you go to the doctor. Sometimes it seems that the goal of medical care is to “Make it stop hurting.” Pain is seen as the enemy. Really, pain is your ally. Pain serves you by drawing your attention to something out of balance. Without pain you would not know to take your hand from a hot stove or keep weight off a healing sprained ankle. The sooner you notice changes in your body, the easier it is to get your body back in balance. Noticing is a skill that quickly improves with practice. The “I notice” worksheets help you develop the skills.

This is a simple journal log. You write down the date and record what you notice. Sometimes symptoms that seem unrelated are all part of one diagnosis. For example, joint pain, a low-grade fever and a rash, all seen on different days, can be part of the same diagnosis of lupus.

I NOTICE

On Date: 11/23/02 **I Notice:** That hill on the end of my walk must be getting steeper. It's getting harder to climb.

On Date: 12/15/02 **I Notice:** I had that burning below my rib cage after the holiday party. I think I had one too many butter cookies.

On Date: 12/16/02 **I Notice:** No more French fries for me. Terrible pain below my rib cage that shot through to my back then bloating. Not any better with antacids.

I NOTICE

On Date: _____ **I Notice:** _____

On Date: _____ **I Notice:** _____

On Date: _____ **I Notice:** _____

On Date: _____ **I Notice:** _____

On Date: _____ **I Notice:** _____

PREPARING FOR THE APPOINTMENT

Doctor Name/Clinic Telephone Number

Receptionist Name Nurse Name Appt. Date

Reason for Appointment: _____

Insurance pre-authorization? _____ Medical records to bring? _____

Tape Record Session **Y** **N** Who will be with me? _____

Directions to the clinic: _____

_____ parking: _____

CHECK LIST OF WHAT TO BRING:

- Personal Health Journal.
- A list of my medications, including supplements and herbal remedies.
- X-rays (the films, not the x-ray report) and other studies as needed.
- Health insurance card.
- Self-addressed stamped envelope for test results.
- Extra set of eyes and ears (a friend and a tape recorder).

I know my health goals.

TALKING WITH MY DOCTOR: INSTRUCTIONS

TALKING WITH MY DOCTOR

My goals for the appointment:

Re-check my blood pressure

My symptoms:

Mild headache this week

My questions:

Is the headache related to the new medication?

Can I try exercise to reduce my blood pressure?

Will I get off the medication one day?

What else can I do to reduce my risk of heart attack and stroke?

My fears:

I'll be on medicine for the rest of my life.

My desired medical outcome:

Reduce my blood pressure so I reduce my risk for heart attack and stroke.

I communicate clearly.

TALKING WITH MY DOCTOR

My goals for the appointment:

My symptoms:

My questions:

My fears:

My desired medical outcome:

I communicate clearly.

UNDERSTANDING MY DOCTOR

Doctor Name

Date of Appointment

The Main Point of the Visit: _____

My Symptoms Could Be Caused By (*differential diagnosis*): _____

My Treatment Options Are: _____

Ask the doctor to draw a picture.

The Next Step Is: _____

What would happen if I did nothing? _____

Good sources of information: _____

I am resilient.

IMPLEMENTING THE PLAN

APPOINTMENT SUMMARY

My doctor said: _____

The possible causes of my symptoms are: _____

TREATMENT OPTIONS

BEFORE I LEAVE THE OFFICE

Do I have: *written instructions for the next steps? a prescription? an information prescription?*

Do I know: *when to expect my test results? what symptoms could require earlier action?*

Have I requested: *medical records (copy of doctor's dictated notes)?*

I am moving closer to my health goals.

HEALTH CALENDAR

		Scheduled	Complete
January	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
February	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
March	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
April	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
May	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
June	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
July	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
August	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
September	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
October	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
November	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
December	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>



MAKING MEDICAL CHOICES

My Best Style • Weighing Options
My Action Plan • Plotting My Progress
Healthy Habit Contract

MAKING MEDICAL CHOICES

Your job as a patient is to make medical choices that work best for you. You make choices every day, but making decisions about your health feels different. You are likely scared and the stakes are high.

It will help you to know that there is no right choice. There is the choice that is best for you at this time in your life, and that choice might be different than the choice your best friend would make in the same situation. You are in the best position to make medical choices that work for you.

The formula for making medical choices is a process called “Informed Consent.” Get expert opinions, learn from your doctor’s experience, skill and judgment, and then weigh the risks against the benefits. The pages in this chapter will help you to make informed medical choices.

My Best Style—You have your own style for learning new information, developing skills and making choices. This style will serve you well should you face a health challenge. There is no right or wrong; there is a way that works best for you.

Weighing Options—When doctors make decisions about your health, they use the terms “Benefits” and “Risks” to take stock of the pros and cons of any particular treatment. It is not about counting each column to see which has the most entries, but the weight you give to each entry. One risk might outweigh all the benefits, or *vice versa*. That is why this chart includes two thin columns where you can rate the risks and benefits from 1-10.

My Action Plan—Now that you have weighed the options and considered the risks and benefits, you are ready to design an action plan. You spell out where you want to go and how you know you’re getting there. Your action plan may include medication, a procedure, lifestyle changes or identification of support.

Plotting My Progress—Whether your goal is lowering your blood pressure, losing weight or simply feeling rested and enjoying headache-free days, use this chart to plot your progress.

Healthy Habit Contract—Most of your behaviors are habit-driven. Change just one small habit, like taking a 10-minute walk every day, and you can change the quality of your days. Here’s a contract you can make with yourself, sign and implement.

MY BEST STYLE

GETTING IT:

- **Information-Oriented.** Do you piece together information to build the big picture? If so, you work best with people who methodically spell out the details before asking you to spring into action. A doctor who paints the big picture may leave you confused and feeling lost.
- **Idea-Oriented.** Do you need the big picture first so that you know where to hang the details? If so, you work best with people who give you an overview, illustrated with examples. A doctor who jumps into the details can leave you confused and feeling overloaded.

I approach something new by _____

LEARNING IT:

- **Seeing.** You learn by seeing, and have good visual recall. You may not remember names, but you never forget a face. If you face a medical problem, ask the doctor to draw you a picture.
- **Hearing.** You learn by hearing lectures and following verbal information. You may want to tape record your doctor's explanation, and listen to it when you go out for a walk.
- **Experiencing.** Forget the manual. You learn by digging in, by going out and just doing it.

I learn best by _____

MAKING CHOICES:

- **Practical.** You consider all the choices, and figure out which one works for you.
- **Analytical.** You check the accuracy of the information and calculate how things add up.
- **Intuitive.** You identify the vision, then make choices with your gut.
- **Personal.** You want to know how your choice will impact lives. You want to know how the outcome of your choice will benefit you or the people dear to you.

I make choices by _____

"I honor my learning style."

WEIGHING OPTIONS

Diagnosis _____

Date _____

Goal of Intervention: _____

Plan A: _____

Pro/Benefits	Con/Risks
_____	_____
_____	_____
_____	_____

Plan B: _____

Pro/Benefits	Con/Risks
_____	_____
_____	_____
_____	_____

Plan C: _____

Pro/Benefits	Con/Risks
_____	_____
_____	_____
_____	_____

My doctor recommends (circle): Plan A Plan B Plan C

My choice (circle): Plan A Plan B Plan C

My thinking: _____

MY ACTION PLAN

Condition/Illness

Date

My Treating Doctors: _____

Goal of My Treatment: _____

Medication _____ Schedule/Dosage _____

Medication _____ Schedule/Dosage _____

Medication _____ Schedule/Dosage _____

Medication _____ Schedule/Dosage _____

Future Testing: _____

Sources of Support: _____

Lifestyle Changes (diet, activities): _____

What This Means to My Family: _____

Keep track of your improvements on the Plotting Progress sheet.

I am in charge of my response to illness.



PLOTTING MY PROGRESS: INSTRUCTIONS

PLOTTING MY PROGRESS

Get better sleep _____
 My health goal _____
 Enjoy life/better energy _____
 Why it is important _____
 Stress management, reduce coffee intake, increase exercise _____
 Target behaviors (measurable) _____
 Hours of sleep _____
 Target symptoms (measurable) _____

	Monday	Tuesday	Wednesday	Thursday			
	Date	Date	Date	Date	Date	Date	Date
Bed time	11:30	11:00	11:00	10:00			
# of hours sleep	3	5	6	7			
# cups of coffee	5	3	2	1			
Stress level: 0 to 5, 0=no stress, 5=worst stress	5	3	4	5			
Exercise	0	20 min	30 min	1 hr			
		No news before bed	Big meeting tomorrow				

I'm making progress.

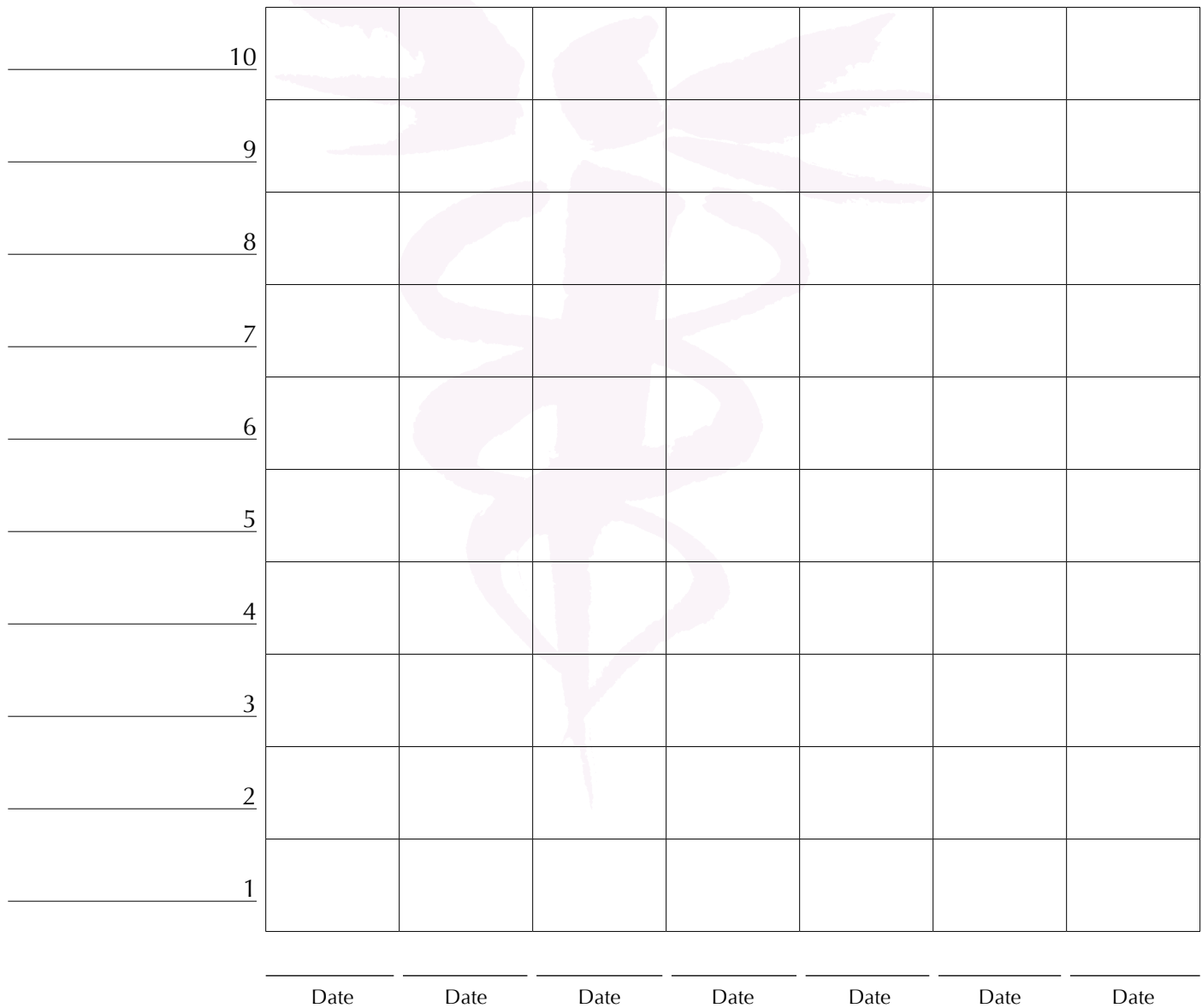
PLOTTING MY PROGRESS

My health goal _____

Why it is important _____

Target behaviors *(measurable)* _____

Target symptoms *(measurable)* _____



I'm making progress.

HEALTHY HABIT CONTRACT

I _____
intend to *(activity)* _____
for *(amount/duration)* _____ .
This healthy habit will continue for *(time/date)* _____
or until I meet my goal of *(expectation)* _____ .
I will provide myself with proper nutrition, appropriate
rest and reduce my stress. The change I commit to is
(explanation) _____ .

Signature

Date

Witness

Date

I successfully change habits.



LIVING A HEALTHY LIFE

*What Makes Me Tick • My Authentic Self
Getting To Know Me: Top Ten • My Legacy
My Weekly Log • My Stress Busters*

LIVING A HEALTHY LIFE

Although you did not come with a written book describing what you were designed to do and spelling out conditions for your optimal performance, you do, in fact, have an Owner's Manual. It is encoded in the unfolding of your story. Your life experiences reveal your passions, your values and your strengths. This chapter will help you uncover them.

Have some fun with the pages in this chapter. Put on your favorite music or go outdoors to write near a waterfall.

What Makes Me Tick—A healthy life is one in which your actions are aligned with your values. You will be drawn to things that fulfill you and resist actions that take you from what is important. From this list, circle the ten values that you are most drawn to.

My Authentic Self—You have gifts that allow you to do things so effortlessly you can hardly understand that those same actions might be a struggle for others. There are other parts of you that you perceive to be flaws. These so-called flaws are most likely the flip side of your gifts. Learn how both your gifts and your flaws have served you and can continue to serve you.

Getting To Know Me: Top Ten—You might be meeting your authentic self for the first time, or deepening the relationship. Either way, these questions are a playful way to get to know you.

My Legacy—You leave an impact that will live well beyond your years on earth. What legacy do you want to leave?

My Weekly Log—Your legacy identifies big goals. Break them down into smaller goals and then break those down into bite-sized, achievable pieces.

My Stress Busters—Up to 80% of visits to primary care doctors address stress-related symptoms. The most powerful health intervention is to respond to stressful events in a healthy way.

WHAT MAKES ME TICK

What is important to me? Who am I at my core?
What motivates me to make the choices I do?
These are my core values (circle ten).

- Intimacy
- Integrity
- Independence
- Freedom
- Love
- Forgiveness
- Humor
- Harmony
- Accomplishment
- Achievement
- Adventure
- Aesthetics
- Altruism
- Autonomy
- Balance
- Commitment
- Clarity
- Community
- Completion
- Connection
- Emotion
- Faith
- Beauty
- Excitement
- Focus
- Spirituality
- Honesty
- Pretense
- Nature
- Openness
- Order
- Partnership
- Learning
- Power
- Privacy
- Recognition
- Accuracy
- Risk
- Romance
- Security
- Sensuality
- Service
- Trust
- Vitality
- Wholesomeness
- Authenticity
- Nurturing
- Productivity
- Mastery
- Loyalty
- Elegance
- Peace
- Fun
- Purity
- Joy
- Being direct
- Leadership
- Acknowledgment
- Growth
- Performance
- Sharing
- Individuality
- Excellence
- Healthfulness
- Solitude
- Being carefree

I can and do change my habits.

MY AUTHENTIC SELF

Quality I am glad I have

How has this quality served me?

How can this quality continue to serve me?

Quality I wish I did not have

How has this quality served me?

How can this quality continue to serve me?

Which of my gifts is paired with this quality?



Quality I am glad I have

How has this quality served me?

How can this quality continue to serve me?

Quality I wish I did not have

How has this quality served me?

How can this quality continue to serve me?

Which of my gifts is paired with this quality?

I touch the hearts of others.

GETTING TO KNOW ME TOP TEN

Ten things I'd do if I won the lottery:

Ten things for which I'm grateful:

Ten things I'd do in my perfect day:

Ten people I'd like to meet:

Ten things I'm proud of:

Ten times I felt at peace:

My ten heroes:

My ten best body parts:

Ten things I like about me:

If I had a magic wand, the ten things I would do or see before I die:

MY LEGACY

How do I want my family, friends and members of my community to remember me?

How am I working toward this legacy?

I say thank you every day.

MY WEEKLY LOG

Week of _____

My bite-sized goals for this week: _____

1. _____
2. _____
3. _____

My successes for this week: _____

1. _____
2. _____
3. _____

I faced these challenges: _____

1. _____
2. _____
3. _____

This week I learned: _____

I reward my efforts with: _____

My goals for next week: _____

1. _____
2. _____
3. _____




MY STRESS BUSTERS

Your response to stress shapes your health. You cannot eliminate all sources of stress, but you always have a choice about how you respond.

Exercise. Laughter. Dancing. Meditation. Writing in a journal. How do you manage stress? Make list of your personal favorite ways, and keep the list on your desk, in your date-book, and posted on your fridge. Help your children generate their own lists.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____





RECORDS & RESOURCES

My Medical Records • Record Request Letter
Record Request Log • My Address Book • My Medical Research
Translation/Clarification • My Medical Phrase Book
Medical Abbreviations • My Own Worksheet

RECORDS & RESOURCES

Managing your health is a team effort. Who are your team members? Where are your resources? The pages in this chapter bring them all together. There is an envelope in the back to hold your records, or you may want to punch three holes in your records and put them right in this chapter.

Keeping Medical Records—If you have not kept your own medical records before, you may not want to. Here's why you should.

Record Request Letter—If you want to request your records in writing, this sample letter shows you one way how. You can photocopy this page, fill it out, and send it to your doctor. Remember, you do not have to read your records; the point is to have them.

Record Request Log—Note the date you first requested your records, and if you don't receive them within two weeks, your follow-up action. When they arrive, indicate the date you received them.

My Address Book—Enter the names and contact information for doctors and others, like massage therapists or personal trainers, who help you get and stay healthy.

My Medical Research—As you research and gather information on your medical condition or health goal, note here your questions and answers and the sources of your information.

Translation/Clarification—Your doctor speaks a specialized medical language that may sound like a foreign language. What do you do if you don't understand a foreign language? You get an interpreter and take notes. Create here your own Medical Term/English Language Dictionary.

My Medical Phrase Book—A visit to your doctor can feel like travel to a foreign country. Here are some phrases that may come in handy.

Medical Abbreviations—Ever wonder what those strange markings in your chart mean? (Hint: many of them derive from Latin.) Here is your secret decoder.

My Own Worksheet—Space for documentation, sketches and observations.

KEEPING MEDICAL RECORDS

When you maintain copies of your medical records, you get better, safer health care. Here are some reasons why:

- **Good medical care** is based on complete medical information. You know your doctor has all of the information when you personally hand-carry it in this Personal Health Journal instead of counting on another doctor's office or doctors' offices to send their records.
- You can assure that the information in your medical record is complete and accurate.
- Keeping your own medical records can save you time if you change doctors or move.
- Keeping your medical records is another way of taking your health into your own hands. And that is the key to getting safe, effective health care.

Keeping your medical records may be a new experience.

You may say: *Keeping my medical records is not my job.*

I say: You are right. In the past your doctor maintained your medical records. In the future you may carry an electronic medical record. In the meantime, collect your medical records and bring them with you when you see your doctor. Ultimately it is you who benefits.

You may say: *I am healthy, so I don't have to keep my medical records.*

I say: There may be health patterns that fall below the radar screen that you can address proactively, like frequent urinary tract infections or borderline anemia.

You may say: *If I need my medical records, I will have my doctor request them.*

I say: That is one approach. Please keep in mind that the doctor is only required to release the records that document the care that doctor rendered. If you have a primary care doctor and three specialists, that means contacting four doctors. That takes time. If you keep copies of your medical records, they are at your fingertips in case of a medical emergency.

You may say: *I am busy. I don't have time to be bothered with medical records.*

I say: If you don't have time to get your medical records, you certainly don't have time to deal with complications of poor medical care.

You may say: *I don't want to look at my medical records. They are scary.*

I say: You don't need to look at your medical records. You can place your past records in a sealed envelope and let any new doctor make copies. Make sure that you get the original records back.

I have a right to obtain my medical records.

You may say: *I get a funny look from the office staff when I ask for my records.*

I say: That might well be true, and here is why: In the past a request for medical records was the first step in a medical malpractice lawsuit. It is your legal right to get copies of your medical records. Tell the office staff that you just want to be a more active participant in your health care. As a courtesy, you can bring a stamped, self-addressed envelope with you and ask that lab results and clinic notes be sent to you.

You may say: *I don't know how to request copies of my records.*

I say: Each medical facility is required to have a mechanism for requesting medical records. Ask at the end of your visit, "What are the steps for getting a copy of my medical record?" The sample Record Request in this chapter can be copied and sent. You may be charged a small fee for the time it takes the office staff to collect and copy your records.



I exercise my right to obtain my medical records.

RECORD REQUEST LETTER

Date

Dear Dr. _____

I appreciate your care. I want to make your job easier by more actively participating in my health care. Part of the plan is to keep copies of my medical records.

What is your policy for requesting medical records? I have enclosed a self-addressed, stamped envelope so that you can send me any forms that I need to sign.

Thank you.

signature here

print name

date of birth

address

MY ADDRESS BOOK

Name _____

Address _____ Service _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

How this person/organization contributes to my health: _____

Name _____

Address _____ Service _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

How this person/organization contributes to my health: _____

Name _____

Address _____ Service _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

How this person/organization contributes to my health: _____

MY MEDICAL RESEARCH

My Question: _____

Sources of Information: _____

Summary: _____

My Question: _____

Sources of Information: _____

Summary: _____

I understand my body.

TRANSLATION/ CLARIFICATION

Medical Word: _____

In English: _____

What this means to me: _____

Medical Word: _____

In English: _____

What this means to me: _____

Medical Word: _____

In English: _____

What this means to me: _____

Medical Word: _____

In English: _____

What this means to me: _____

Medical Word: _____

In English: _____

What this means to me: _____

Medical Word: _____

In English: _____

What this means to me: _____

I understand what my doctor tells me.

MY MEDICAL PHRASE BOOK

A visit to your doctor can feel like a trip to a foreign country. The medical system has its own distinctive language and culture. Here are some phrases that might come in handy as you travel in the World of Medicine.

Situation: You see three specialists, and you want one doctor to assume leadership of the team.

You say to the most likely candidate: "I like the idea of team medicine. Will you be my quarterback?"

Situation: You face a major medical decision, and you want a half-hour appointment with the doctor to discuss your options.

You say to the scheduling clerk: "I would like a half-hour appointment."

Situation: You see blood in your stool, and you're embarrassed to tell your doctor.

You say: "This is hard for me to talk about, but it's important you know that I found blood in my stool."

Situation: You have an unpleasant reaction to the antibiotic, you're feeling better and you wonder if you can just stop taking the medication.

You say to your doctor: "I'm better and the antibiotics are causing unpleasant side effects. Do I need to finish the prescription? Can I change to a different medication?"

Situation: You're moving to Chicago and will need a new physician.

You say to your doctor: "You know me well. Can you recommend a primary care doctor in Chicago, or someone you trust who can make a referral?"

Situation: You want to learn more about your newly-diagnosed medical condition.

You say to your doctor: "Could you refer me to a good web site that explains this condition?"

Situation: You and your doctor are talking about treatment options.

You say: "What happens if we do nothing?"

Situation: You don't understand your doctor's explanation about the upcoming procedure.

You say: "Could you please explain that again? How about drawing a picture?"

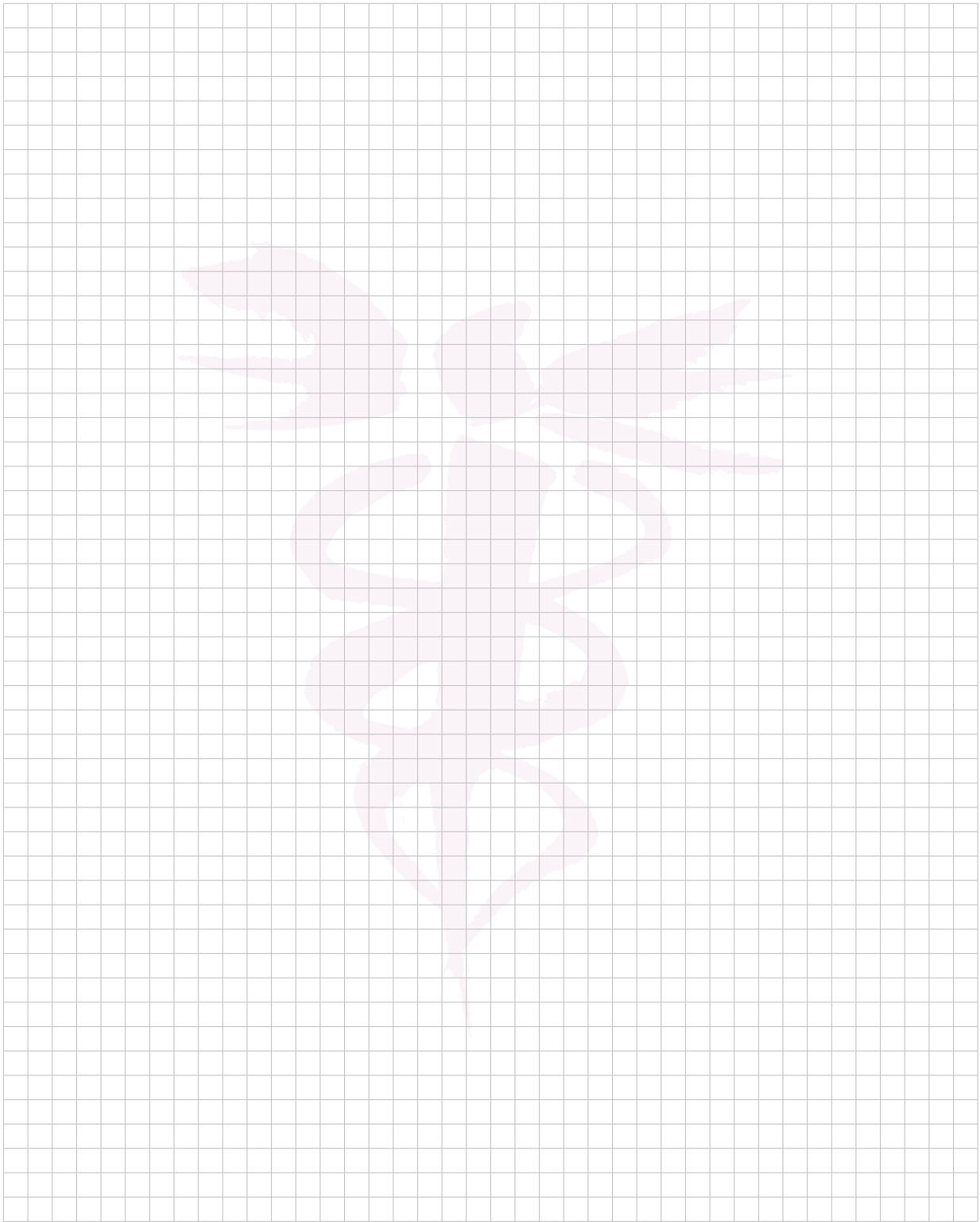
MEDICAL ABBREVIATIONS

AAA	Abdominal aortic aneurysm (ballooning of the aorta, the blood vessel that leaves the heart)	CXR	Chest x-ray
ABG	Arterial blood gas (the level of oxygen and carbon dioxide in the blood)	Ddx	List of possible diagnoses
ac	Before meals (<i>ante cibum</i>)	DNR	Do not resuscitate
ACLS	Advanced cardiac life support	DOE	Dyspnea on exertion, or shortness of breath when exercising
Ad lib	As needed (<i>ad libitum</i>)	DVT	Deep vein thrombosis
AOB	Alcohol on breath	Dx	Diagnosis
AODM	Adult onset diabetes mellitus (Type II)	EKG/ECG	Electrocardiogram (<i>kardio</i>)
ASAP	As soon as possible	ENT	Ears, nose & throat
BE	Barium enema (X-ray of colon to look for cancer or obstruction)	EtOH	Alcohol
bid	Twice a day (<i>bis in die</i>)	FU	Follow up
BP	Blood pressure	FUO	Fever of unknown origin
Bx	Biopsy	Fx	Fracture
c̄	with (<i>cum</i>)	Gtt	drops (<i>guttae</i>)
CA	Cancer	GU	Genitourinary
Ca	Calcium	HA	Headache
CABG	Coronary artery bypass graft (open heart surgery)	Hct	Hematocrit (red blood cell volume)
CT Scan	Computerized axial tomography imaging	h/o	History of
CC	Chief complaint	HPI	History of present illness
CNS	Central nervous system	HR	Heart rate
CO	Cardiac output	hs	At bedtime (<i>hora somni</i>)
c/o	Complaining of	HTN	Hypertension (high blood pressure)
COPD	Chronic obstructive pulmonary disease	Hx	History
CPR	Cardiopulmonary resuscitation	I&D	Incision and drainage
CVA	Cardiovascular accident (stroke)	ICU	Intensive care unit
		IM	Intramuscular
		IV	Intravenous
		L	Left
		MI	Myocardial infarction (heart attack)

MEDICAL ABBREVIATIONS, cont.

MRI	Magnetic resonance imaging	RLQ	Right lower quadrant
MVA	Motor vehicle accident	RML	Middle lobe of lungs
NAD	No apparent distress	ROM	Range of motion
NED	No evidence of disease	ROS	Review of symptoms
NKDA	No known drug allergies	RUL	Right upper lobe of lungs
NPO	Nothing by mouth (<i>nil per os</i>)	RUQ	Right upper quadrant of abdomen
NSAID	Non-steroidal anti-inflammatory drug	RTC	Return to clinic
NSR	Normal sinus rhythm (normal heart rate)	RX	Prescription
OOB	Out of bed	̄	without (<i>sine</i>)
OR	Operating room	SL	Below the tongue (<i>sublingual</i>)
pc	After meals (<i>post cibum</i>)	SOAP	Chart Format S=subjective O=objective A=assessment P=plan
PDR	<i>Physician's Desk Reference</i> ("The Drug Bible")	SIG	Write on label (<i>signa</i>)
PE	Physical exam OR Pulmonary embolus (blood clot to lungs)	SOB	Short of breath
po	By mouth (<i>per os</i>)	SQ	Under the skin (<i>subcutaneous</i>)
POD	Post operation day	Stat	Immediately (<i>statin</i>)
PMH	Past medical history	TIA	Transient ischemic attack (mini-stroke)
PR	<i>per rectum</i>	tid	Three times a day (<i>ter in die</i>)
PRN	As needed (<i>pro re nata</i>)	TX	Treatment
Pt	Patient	UA	Urinalysis
PUD	Peptic ulcer disease	UGI	Upper GI (gastrointestinal, i.e., stomach and large intestine)
q	Every (<i>quaque</i>)	US	Ultrasound
qd	Every day/once a day (<i>quaque die</i>)	UTI	Urinary tract infection
qh	Every hour	URI	Upper respiratory infection
q—h	q2h, q3h, every 2 hours, every 3 hours	VS	Vital signs (heart rate HR; blood pressure BP; respiratory rate RR; temperature T)
qhs	Every bedtime (<i>hora somni</i>)	WNL	Within normal limits
qid	Four times/day (<i>quarter in die</i>)	y/o	Year old
qod	Every other day		
R	Right		
RLL	Right lower lobe of lungs		

MY OWN WORKSHEET



I know what I need to thrive.

PERSONAL HEALTH JOURNAL

a resource for recording & directing your health story

Your personal health story may be the most important—and life-saving—story you ever tell. The exchange of information is central in your relationship with your doctor and the partnership you share to maintain vigorous health, or restore health if you are sick.

The *Personal Health Journal* provides a place to gather your medical records and shows you how to get the most out of your doctor appointments. It also offers ideas and exercises so you can get to know yourself better and live a healthier life.

The PERSONAL HEALTH JOURNAL puts you in control. It will:

- Provide a place to gather your medical records
- Show you how to get the most out of your doctor appointments
- Offer exercises so you can get to know yourself better
- Teach you to ask for what you want and need
- Lead you to a healthy, fulfilled life

Good health care is a means to enjoying the life of health you desire. You will get better, safer medical care when you have the details of your health story at your fingertips.

About The Author:



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Vicki Rackner, MD, is a board-certified surgeon and clinical instructor at the University of Washington School of Medicine. She left the operating room to be on the cutting edge of health care consumerism. She is now a full-time patient advocate through her company Medical Bridges (www.MedicalBridges.com). Dr. Vicki builds bridges: the bridge between patient and doctor, the bridge between employer and employee, and the bridge between lifestyle and health. Most importantly, she helps patients cross the bridge between the care they want and the care they receive. Dr. Vicki is an author and a speaker, and a member of the National Speakers Association. Her book *Chicken Soup for the Soul, Healthy Living: Heart Disease* contains supportive medical information sandwiched between stories of inspiration.

The PERSONAL HEALTH JOURNAL is a tool that puts you—the health care consumer—in the driver's seat, letting you take ownership of your personal health story.

