My Health Pocket Guide

WAISMAN CENTER
UNIVERSITY OF WISCONSIN-MADISON
University Center for Excellence in Developmental Disabilities

Developed by Debra Gillman
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This publication is designed to be used with:

Transition to Adult Health Care - A Training Guide in Three Parts
www.waisman.wisc.edu/cedd/pdfs/products/health/TAHC.pdf
The Workbook for Youth
www.waisman.wisc.edu/cedd/pdfs/products/Youth/workbook-for-youth.pdf

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The Waisman Center is dedicated to the advancement of knowledge about human development, developmental disabilities and neurodegenerative diseases. It is one of 9 national centers that encompass both an Intellectual and Developmental Disabilities Research Center designated by the National Institute of Child Health and Human Development, and a University Center for Excellence in Developmental Disabilities (UCEDD) designated by the Administration on Developmental Disabilities.

To view, download or order a copy of *My Health Pocket Guide*, go to
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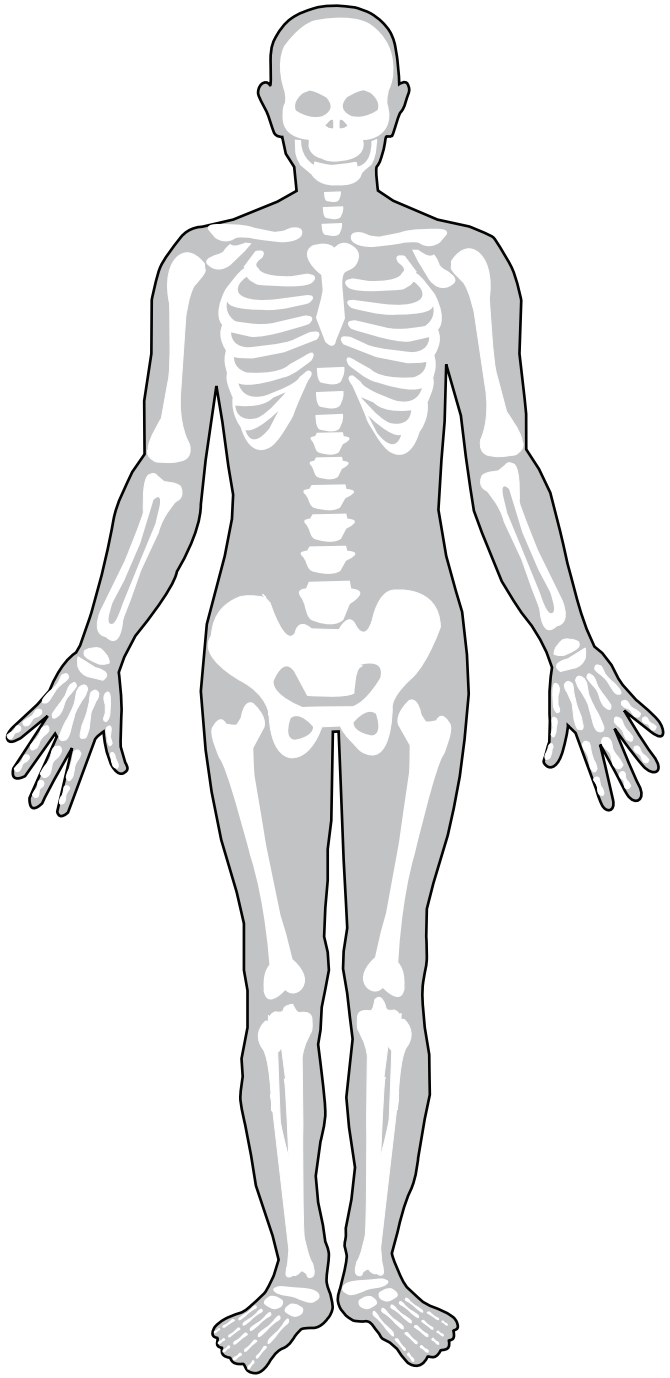
My Notes



My Health Pocket Guide

Use this pocket guide and a notebook or folder to keep track of your health care information. Remember, your health information is private.

- ✓ Have a separate page for each appointment you go to.
- ✓ Put the name of the doctor or other health care provider you are seeing and the appointment date at the top of that page.
- ✓ Before you go into your appointment, write down how you have been feeling lately, any symptoms of illness and any special concerns you have.
- ✓ You may want to have someone you trust go to the appointment with you. That person can be with you throughout the appointment or just at the beginning or end of the appointment so you can still have some time alone with your health care provider.
- ✓ Write down information and instructions at your appointment so you don't have to try to remember everything. If you need help doing this just ask your provider or the person you brought with you to help.
- ✓ Remember: You should be able to talk with your doctor about any of your health concerns or questions. Your doctor needs to know your true feelings and concerns in order to help you. It is important to ask for information to be repeated or explained again if you do not understand it the first time. You may want to ask the doctor to write the information out for you, especially if there are medical terms or new words that may be hard to remember. Seeing information can sometimes help.
- ✓ Use the questions in this pocket guide to help you at your appointment.

Name_____

I liked to be called_____

Date of birth_____

Address_____

_____

Phone (Home)_____(Cell)_____

(Work)_____E-mail_____

How I communicate best:_____

_____

_____

_____

How I like to learn new information or skills:_____

_____

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Questions to ask at a regular appointment:

- How do you think I am doing?
- Are there any problems I should know about?
- Do I need any medical tests? If yes, what kind?
- Do I need new medication or changes in my medication?
- If yes, what kind? Are there any side effects?
- Are there any changes in what I should do day-to-day to take care of myself? If yes, what kind of changes?
- Are there any changes in what I can or cannot do?
- If yes, what kind (especially at work or in school)?
- Do I need another appointment? If yes, when?
- Is there other information I should remember?
- Follow-up/What is my next step?

Questions to ask about hospitalization or surgery:

- Why is this needed?
- Are there any alternatives or treatments?
- What will need to be done?
- What are the risks or possible complications?
- How long will I be in the hospital?
- What will happen when I am there?
- How will I be different after surgery?
- How will I be the same?
- Do I need to do anything different to prepare for the surgery and/or hospitalization?
- Are there any special written instructions I need to have before, during or after?
- Where do I go and what do I need to bring along?

What I like to do with my time (school, work, hobbies, etc.):

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_____

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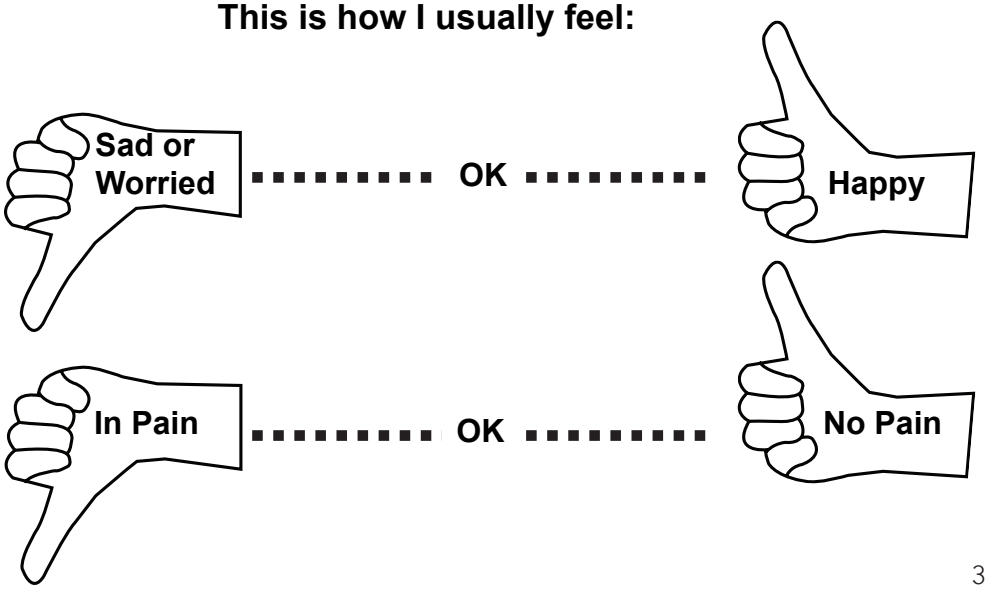
This is how I usually feel:



This is how I describe my health care needs and concerns:

_____

_____

_____

_____

My medications (name, amount and when taken):

Write your medications here or in your health care notebook.

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_____

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_____

_____

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For additional listings see care plan or health care notebook

Questions to ask when you are sick:

- **What is wrong?**
- **What caused this?**
- **What should I do about it?**
- **How long will it last?**
- **Can I go to work/school?**
- **Do I need medicine?**
- **Are there any side effects to this medicine?**
- **Are any of the medications I already take affected by this new medicine?**
- **What if I don’t start feeling better, or I start feeling worse?**
- **Are there any changes in what I am supposed to do to take care of myself?**
- **Do I need another appointment?**
- **Are there any other instructions or information I need to know?**
- **Follow-up/What is my next step?**

Questions to ask the dentist:

Make sure to tell the dentist if you are afraid, if you gag easily or have trouble keeping your mouth open.

- **What kinds of dental problems do I have?**
- **What causes these problems?**
- **What can I do to make these problems better or not get any worse?**
- **Is there a special toothbrush I should use?**
- **Is there a special toothpaste I should use?**
- **How often and when should I be brushing my teeth?**
- **Can you please demonstrate how I should be brushing my teeth?**
- **Is there a special mouthwash I should use?**
- **How often should I use mouthwash?**
- **Can you please show me ways to make flossing easier?**
- **When should I floss?**
- **Are there any changes in my diet you recommend?**
- **When do I need another appointment?**

My allergies (including latex and/or medication allergies):

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Immunization records:

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If you need more room use your health care notebook

My Health Care Team

Write the names of your doctors, therapists, other health providers (including pharmacy, equipment and supplies vendor) here or in your health care notebook.

Name	Specialty	Phone Number

Who helps me with medical decisions and/or follow up:

Name _____

Relationship _____

Phone (Home) _____ **(Cell)** _____

(Work) _____ **E-mail** _____

Power of Attorney for Health Care: _____

Guardian: Self _____ **Other (name)** _____

Information on hospitalizations and surgeries:

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If you need more room use your health care notebook