MY HOME HEALTH CARE DIARY

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| --- | --- | --- |
| **ITEM** | **DATE** | **DESCRIPTION** |
| 1 | 9/30/23 | Questions to Ask A New Physician – What To Know |
| 2 | 9/30/23 | Family Health History |
| 3 | 9/30/23 | My Physical Health |
| 4 | 9/30/23 | My Health Concerns |
| 5 | 9/30/23 | In a separate folder: Glucose | Blood Pressure; Home Med ListThese forms are in excel format. |
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As forms and tables are updated, we will note them here. In addition, new documents will be added to this list as they are developed. Accessible for FREE to our guests.

**ITEM1**

**QUESTIONS TO ASK A NEW PHYSICIAN – WHAT TO KNOW**

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| **WHAT TO KNOW** |
| **BASICS** |
| **Question** | **Response** |
| Is language a barrier to communication? Are there any people in the office who speak my language? |  |
| Do I prefer a group approach or an individual physician? |  |
| Does it matter which hospital the physician accepts patients to? |  |
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| **LOGISTICS** |
| **Question** | **Response** |
| Is the location of the physician's office important? |  |
| Is there parking? How much does it cost? |  |
| Is the office located near a bus or subway line? |  |
| Does the building have a passenger elevator? What about ramps for a wheelchair or walker? |  |
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| **OFFICE POLICIES** |
| **Question** | **Response** |
| What days/hours does the physician see patients? |  |
| Does the physician ever make house calls? |  |
| How far in advance do I have to make appointments? |  |
| What is the process for urgent care? |  |
| How can I reach the physician in an emergency? |  |
| Who cares for patients after hours or when the physician is away? |  |
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A **general practitioner (GP)** is trained to provide healthcare to patients of any sex or age. General practitioners often work as **primary care physicians (PCPs),** see their patients regularly, and are familiar with their medical backgrounds. Most people do (or should) see their PCP at least once a year. When you suspect something else is happening, your first stop is your PCP since they are responsible for your overall care and well-being. They can then refer you to the right specialist.

**ITEM 2**

**FAMILY HEALTH HISTORY**

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| **FAMILY HEALTH HISTORY** |
| **Family Member** | **Disease or Condition** | **Comments** |
| **FATHER** |  |  |
| **GRAND FATHER** |  |  |
| **GRAND MOTHER** |  |  |
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| **MOTHER** |  |  |
| **GRAND MOTHER** |  |  |
| **GRAND FATHER** |  |  |
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**ITEM 3**

**MY PHYSICAL HEALTH**

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| **PHYSICAL HEALTH** |
| **TOPIC** | **DATE** | **NOTES** |
| Recent hospitalizations or emergencies |  |  |
| Bone/Joint pain or stiffness |  |  |
| Chest pain/Shortness of breath |  |  |
| Headaches/Feeling dizzy or lightheaded |  |  |
| Vision/Hearing changes |  |  |
| Skin changes |  |  |
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| **MEDICATIONS, MENTAL HEALTH, and LIFESTYLE** |
| Alcohol use |  |  |
| Weight change |  |  |
| Diet/Appetite changes |  |  |
| Medications |  |  |
| Tobacco use |  |  |
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| **YOUR THOUGHTS and FEELINGS** |
| Feeling lonely or isolated |  |  |
| Feeling sad, down,or blue |  |  |
| Problems with memory or thinking |  |  |
| Problems with sleep or changes in sleep patterns |  |  |
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| **DAILY LIVING** |
| Accidents, injuries, or falls |  |  |
| Daily activities |  |  |
| Exercise |  |  |
| Problems with intimacy or sexual activity |  |  |
| Driving/Transportation/Mobility |  |  |
| Advance directive |  |  |
| Living situation |  |  |
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**ITEM 4**

**MY HEALTH CONCERNS**

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| **HEALTH CONCERNS** |
| **Physician:** |  | **Appt. Date:** |  |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **Notes:** |  |
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| **DAY | DATE** | **MORNING** | **LUNCH** | **DINNER** | **EVENING** | **NOTES** |
| SYS | DIA | PULSE | BEFORE | AFTER | BEFORE | AFTER | SYS | DIA | PULSE |
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