



Compliments of

SENATOR VINCENT HUGHES

DISTRICT OFFICE

Center for Human Advancement
4601 Market Street • 1st Floor
Philadelphia, PA 19139
(215) 471-0490 • Fax: (215) 560-3434

HARRISBURG OFFICE

Senate Box 203007
Harrisburg, PA 17120-3007
(717) 787-7112 • Fax: (717) 772-0579

E-MAIL

hughes@pasenate.com

PERSONAL HEALTH RECORD OF

Personal Information

Health Screenings

What You Should Know
About Medications

Medication Chart

Diabetes Office Flow

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A Message from

SENATOR VINCENT HUGHES



This record-keeping booklet is designed to help you organize and keep track of your personal health information.

Medications can be an effective means of maintaining one's quality of life. As a patient, you have a responsibility to maintain a complete record of the medications — both prescription and over-the-counter — that you take and to inform your health care providers and pharmacists about your usage.

Take this guide with you when you visit your physician or pharmacist to ensure you get the services you need to help you stay healthy.

If you need additional copies of this booklet, contact one of my offices listed on the back cover of this publication.

A handwritten signature in black ink that reads "Vincent Hughes". The signature is fluid and cursive, with a long horizontal line underneath it.

Senator Vincent Hughes
7th District

NOTES

PERSONAL INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Social Security No. _____

Date of Birth _____

Blood Type _____

Drug Allergies / Sensitivities

Emergency Contact

Name _____

Phone _____

Do you have a caregiver?

Name _____

Phone _____

Relationship _____

Yes, I have advance directives

Living Will

Declaration to Physicians

Durable Power of Attorney for Health Care

Location _____

Have your physician fill out this section.

DIABETES OFFICE FLOW	
	DATE
10. Has a urinalysis been done in the last 6 months to check color, ph, sp. gravity, RBC, WBC, protein and microalbuminura?	
11. Has a chemistry panel been done in the past year including electrolytes, glucose, lipids, BUN, creatinine?	
12. Has a vision exam been done in the past year by an ophthalmologist?	
13. Are immunizations up-to-date including flu and pneumonia?	
14. Has an EKG and cardiac evaluation been done in the past year?	
15. Is the patient undergoing dialysis?	
16. Involved in alternative medicine (such as acupuncture; therapeutic massage, etc.)?	

Doctors Who Are Treating Me

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Name _____

Specialty _____

Phone _____

Have your physician fill out this section.

HEALTH SCREENINGS		
	DATE	RESULTS
Prostate PSA <i>Yearly (or as needed)</i>		
Sigmoidoscopy <i>Every 3-5 years (or as needed)</i>		
Vision <i>Glaucoma Yearly (or as needed)</i>		
Weight <i>Physical Exam Yearly (or as needed)</i>		

WHAT YOU SHOULD KNOW ABOUT MEDICATIONS

- Before your doctor visit, make a list of any questions you have and a list of all medication you are taking. This will save both you and the doctor time.

Ask your doctor:

- What is the name of the medication?
- Why am I taking it?
- How often should I take it?
- How long must I take it?
- Is there a generic equivalent right for me?
- Will the instructions be given in writing?
- Are there any side effects?

- Your pharmacist can provide you with valuable information about your prescription such as special instructions or if a generic drug is available. Your pharmacist can be a key to assuring proper use of your medication.

Ask your pharmacist:

- Can you provide easy to open containers?
- Will you type the label in large print?
- Do you keep a list of all prescriptions you fill for me?
- What do I do if I miss a dose?
- Will over-the-counter medications interact?
- What other cautions should I observe?

Have your physician fill out this section.

HEALTH SCREENINGS		
	DATE	RESULTS
Blood Pressure <i>Yearly (or as needed)</i>		
Blood Sugar <i>Yearly (or as needed)</i>		
Bone Mass <i>(as needed)</i>		
Cholesterol <i>Every 1-3 years (or as needed)</i>		
Dental <i>Yearly (or as needed)</i>		
Fecal Occult <i>Blood Yearly (or as needed)</i>		
Hearing Yearly <i>(or as needed)</i>		
Mammogram <i>Every 1-2 years (or as needed)</i>		
Pap Smear <i>Every 1-3 years (or as needed)</i>		

A few words about . . .

Alcohol

Alcohol interferes with the action of some medications. Ask your doctor or pharmacist which drugs should not be mixed with alcohol. Also, look for the warning labels or instructions on your prescriptions and over-the-counter remedies.

Food

Sometimes, medications have to be taken in combination with certain foods or before, during, or after meals. Some are not effective when combined with certain foods. Check with your doctor or pharmacist for any special instructions about food and your medications.

Over-the-Counter Remedies

Some over-the-counter remedies can interact with your prescription medications. Instructions for using over-the-counter products often include precautions about drug interactions, but you should check with your doctor or pharmacist to be sure.

