



Personal Health Care Journal

Use this journal to take an active role in your own health care!

Journal Dates:

From: _____ To: _____

Directions for Using Your Personal Journal...

- **Ask yourself these questions before your appointment.**
 - Is this appointment going to be covered by Medicare or my other insurance?
 - What are my symptoms, when did they start, what makes them better or worse?
 - What medication am I taking?
- **Take this journal to all your appointments.**
- **Write down the answers to these questions as well as the results of the appointment in this journal.**
 - Make sure that you understand what your physician is telling you before leaving your appointment. If you don't, ask him or her to explain the information in a different way.
- **Use this journal when checking your Medicare and health care paperwork for accuracy.**
- **Take this journal with you when you travel, in case of emergency.**

For Emergency Health Care Call: 911

My Medicare Part B Insurance Company (Carrier) is:

Name _____ Phone _____

My Medicare Part A Insurance Company (Fiscal Intermediary) is:

Name _____ Phone _____

My Medicare Supplemental Insurance Company is:

Name _____ Phone _____

Other Important Numbers:

Reminder: Do not write your Medicare number in this journal so that it may remain confidential.

List of Appointments

Date	Clinic	Physician and Phone	Reason

List of Health Problems/Conditions

List of Allergies

Date	Allergic to what?	Symptom/Reaction

Physician Visit: Record #1

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #2

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #3

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #4

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #5

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #6

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #7

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #8

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #9

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #10

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #11

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

Physician Visit: Record #12

Date: _____

Physician/Care Provider: _____

Questions/Symptoms/Problems

**list by importance, when it started, and what makes it better or worse*

Care Plan/Special Instructions/Prescriptions

Personal Health Data

Weight: _____

Blood Pressure: _____

Services/Health Care Received (check-up, physical therapy, lab work, x-rays, etc.)

If you have any questions about your Medicare or Medicaid charges

- Call your health care provider. Most are honest and want to correct mistakes.
- If you still have questions, contact us at:

Administration on Aging
330 Independence Ave., SW
Washington, DC 20201
Phone: 202-619-0724
Fax: 202-260-1012
E-mail: AoAInfo@aoa.gov

Notes
