

**Patient Support Program**

# **Patient Binder**

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Whole Health Committee**

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Dear **Smart Patient**:

This notebook is meant to be used by people who:

- Have complex medical needs;
- See more than one physician; and/or
- Wish to take an active role in their own health.

It was created for the Patient Support program at Los Altos United Methodist Church by the Whole Health Committee, of which I am a member. The notebook is designed to help you organize and keep track of medical information.

The notebook is divided into sections for you to record basic information, prepare for doctors' visits, keep a record of lab tests and X-rays, and organize important medical papers. It is intended that you take it with you to doctors' visits or with you when traveling and might need medical care away from your own doctors.

Today, more than ever, it is necessary for patients to be actively involved in their medical care. The days are gone when you could depend on the "medical system" to anticipate and meet all your needs. The system is overwhelmed by the economic, bureaucratic and informational burdens that have accompanied the scientific successes of the 21st century.

What is a **Smart Patient**? *The definition of a smart patient is a person with a medical complaint who can work successfully with the doctor to get needs met.*

Smart patients:

- Are clear about their needs and communicate effectively
- Develop an active partnership with their doctors
- Understand the realities of the medical system and work with them
- Understand the realities of their own life and work with them
- Accept responsibility for lifestyle decisions and their consequences
- Take an active role in their treatment

**Smart Patient >> Skillful Patient >> Empowered Patient >> Satisfied Patient**

## ***Forms***

Section 2 contains model forms you can use to record useful medical information. Most of the forms are self-explanatory. You may wish to copy some of these forms. You may need to ask your doctor(s) for some information such as immunizations or lists of prior surgeries and diagnoses (see the Patient History Form).

The **Prescription List** form is important, particularly if you have more than one doctor prescribing your medicines. You need to update this form when medicines change. Remember to write down the names and doses of any over-the-counter medicines, herbs, supplements or vitamins you take. There are potential side effects and drug interactions that can be avoided if your doctor knows everything you're taking.

Preparing for your office visit makes sense (see the **Patient Visit Form**). You only have limited time with the doctor and need to use it efficiently. Your doctor may want to know certain information each visit (i.e., blood pressures if you have hypertension or blood sugars if you have diabetes) and can scan that information quickly if you have it written down.

Even when they understand what the doctor says in the exam room, patients often feel uncertain that they remember the instructions accurately: "Did he say 2 pills 3 times a day or 3 pills 2 times a day?" To avoid this, *Take Notes!* Use the **Advice/Instructions** form to verify medication changes, tests to get, other doctors to see, etc. Show your notes to the doctor before you leave the office, and this can prevent many misunderstandings.

The **Release of Information** form allows you to specify who may receive medical information about you. Current laws prevent doctors from releasing medical information to anyone (in theory, even your spouse) without your permission. Some patients may wish a friend or volunteer supporter (non-relative) to accompany them and can specify that that person can receive information.

## **Lab Tests**

Some patients are curious about their lab test and X-ray results; other patients don't want to know or feel they can't understand them. "After all," they say, "it's the doctor who needs the information." If the medical system worked flawlessly, all your doctors would get the test results and have them in your chart when you see them. *It doesn't always work that way!* If you get a copy of your test results from one doctor, put it in your notebook and bring it to another doctor. You will save everybody considerable time and frustration.

Do not be afraid of “abnormal tests.” Lab reports often highlight values that are a fraction above or below an arbitrary “normal range.” Ask your doctor about the meaning of the tests and whether they indicate a problem or not.

If you have had any heart problems and are traveling, should you need to see a doctor in a distant city, it will be very helpful to have a copy of your EKG with you.

### **Hospital Records**

If you have been hospitalized for serious problems you may wish to get a copy of the admission history and physical, consultation notes and discharge summary. Again, if you travel and need to see a doctor elsewhere, this information may be useful. There may be errors in your records that you can correct (most often simple errors of dates or medications.)

### **Advance Directive**

Many patients have considered having an Advance Directive, but “haven’t gotten around to it.” As difficult as it may be to consider the “what if” scenarios, if you don’t let your doctor know what your wishes are you may find yourself in unpleasant but avoidable situations. Forms that you can use are available from hospitals, the California Medical Association, or online. It is much better, however, to have one drafted for your individual needs. El Camino Hospital patient support services or your attorney can help you prepare one.

### **Smart Patients get better medical care.**

May you be well,

William M. Buchholz, M.D.  
August, 2004

## Patient Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Blood Type \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Doctors:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Treated for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Treated for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Treated for: \_\_\_\_\_

Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

Advance Directive: Yes \_\_\_\_\_ No: \_\_\_\_\_

# Patient History

Name: \_\_\_\_\_

Current Diagnoses:

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

Prior Surgeries & Diagnoses:

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

Immunizations:

Date:

_____
_____
_____
_____

Family History:

List any immediate family members who have had one or more of the following conditions: heart disease, lung disease, diabetes, hypertension, bleeding disorder, cancer, high cholesterol, depression, alcohol/drug abuse, or mental illness:

Relative:

Diagnosis:

_____	_____
_____	_____
_____	_____

Allergies to Medications:

_____
_____
_____

# Prescription List

Prescribed and Over-the-Counter (OTC) Medications and Supplements  
(eg. Vitamins, Herbs)

Patient \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy #1 \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy #2 \_\_\_\_\_ Phone \_\_\_\_\_

Medicine - prescribed	Herb/Supplement - OTC	Dose	Times @ day	Reason taken	Dates taken

\*Draw a line through any medications you no longer are taking and write in the stop date.

## Instructions for Using Patient Visit Form

In a pre-visit meeting, the patient can complete the forms along with the PSP volunteer. These forms are to be taken to the doctor visit to assist in remembering the symptom details. Once the visit is completed, then the forms can be filed in the PSP Binder. The PSP binder and forms need to be kept by the patient.

### ***Instructions for using the Patient Visit Form***

To have an effective partnership with your doctor you need to fulfill your part of the relationship. To give the best advice your doctor needs the best information. Though X-rays and blood tests are important, your description of what is happening in your body may provide the best clues.

The questions about symptoms of a new problem include:

Where, when, what does it feel like?

---

What makes it better? Worse?

---

Is there a pattern?

---

When did you have this before?

---

What have you done about it?

---

What do you think is causing this? How did you come to this conclusion?...and what makes you think this is true?

---

How much does this interfere with your life?

---

***If a chronic or an old problem:***

What has changed?

---

Is anything better?

---

Worse?

---

When did you have this before?

---

What have you done about it?

---

How much does this interfere with your life?

---

# Patient Visit Form

Use one sheet for each visit; make extra copies of this form. To be filed in the patient's PSP binder after visit.

Name \_\_\_\_\_ Dr. \_\_\_\_\_ Date \_\_\_\_\_

Reasons for visit: (List top 3 issues/concerns for this appointment and description of symptoms. Use reverse side for more text, if necessary.)

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important home measurements: Blood pressure, blood sugar, weight, etc.

What's measured?	Number/date	Number/date	Number/date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last lab test date: \_\_\_\_\_ Last X-rays date: \_\_\_\_\_ (Bring to visit?)



# Release of Information

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize the following people to speak with medical personnel about my medical condition.

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature \_\_\_\_\_

**Statement of Purpose**

The Patient Support Project (PSP) has been developed by the Whole Health Committee for members of the Los Altos United Methodist Church (LAUMC) congregation who must visit various healthcare facilities and may not have responsible family or friends who can accompany them. A group of trained volunteers, entitled *Volunteer Supporters*, look out for their patients' welfare on these trips and help them communicate with the health care provider. Within their abilities, the volunteers assist them with clarification of the patient's health-related complaints. The volunteers sign a confidentiality agreement and are instructed about this in their training, so that nothing will be said about the patient except what is allowed by the patient

I authorize the PSP volunteer to do the following:

- To be present during physical exams
- To take notes, including tape recorded notes, on my behalf

Patient Signature \_\_\_\_\_