



## Personal Health Care Records

Date:

Doctor/Location:

Current Medications/Vitamins

Allergies:

Questions/Symptoms/Problems to address	Answers/Explanations from the Provider
1.	
2.	
3.	

Care Plan/Special Instructions from Provider:

Medication Changes/Additions:

What permission form do I need to sign for if my family member wants to discuss my health?

## Possible Questions for Tests/Procedures

- 1) Why does it need to be done and what will we learn after the test is complete?
  
- 2) How should I get ready for this procedure?
  
- 3) Are there any dangers or side effects?
  
- 4) When and how will I get the test results?
  
- 5) Are there any alternatives to this procedure?



A Product of the Eagle County Aging Well Initiative