Here are a couple of free forms that will help you take better care of your health as well as help your doctor in their care of you. They are in Word format so you can make them as long as you need to to include all the important information.

Form 1 Is a single page form that you should ALWAYS carry with you that lists all your critical information. It should be there not only to keep updated about all your medications and medical issues to share with your doctor but in case you are involved in a medical emergency – like a car wreck. For emergency responders to be able to quickly know what medical issues you have and what medicines you are on can literally save your life by directing them to check out the most likely issues first and also not give any medications that might interact in a bad way with something you are already taking. They may also need those emergency contacts and not having to search a lot for them also helps your care.

Your ‘medications’ by the way, in addition to prescription meds, should also include EVERY over the counter medication or other preparation you might be taking – including holistic and homeopathic medications because these can also be sources of problems and interactions.

Form 2 Is also a single page but you can extend it as you need to. Doctors today are under tremendous time pressure dictated by heavy work loads and demands put in place by both employers and insurance companies ( and no, not just ‘Obamacare’ – all of them – Private insurance is usually much more costly and much more demanding than Obamacare, Medicare or even Medicaid). Accordingly you need to be organized so you can give a brief, but complete, list of the things that are concerning you (symptoms) including when they began, if there were any medications changes around the time they began and any other important information like accidents and injuries. Be responsive to the questions your doctor asks, and do NOT go in wanting to give an hour long rambling story of what has been going on (yes people do this) because there is not enough time in the day for doctors to do this and it interferes with you getting the best care because it is harder to sort out ‘the facts’

If you have specific questions, also list those on your page. Then, at the bottom, WRITE DOWN WHAT THE DOCTOR TELLS YO DO DO – both in medications and things you need to do. All too often patients call back a day or days later, asking what they are supposed to do because they don’t remember. The doctor and staff don’t have time to be going back and looking all these things up, and it needs to be *at least* as important to you as it is to the doctor. Also, before calling about medication instructions, be sure you have read them on the label on the bottle. By all means if you think there has been a medication mistake, or it is different than you wrote down that the doctor prescribed for you, FIRST call the pharmacy and have them verify – which may also mean that you look at the pill and it’s color and shape and any writing or numbers on it. After that, if there are still questions, do check with the doctors’ office to verify things.

FORM 1 - YOU SHOULD ALWAYS CARRY THIS INFORMATION WITH YOU, KEEP IT UPDATED AND SHOW IT TO YOUR DOCTOR WHENEVER THERE ARE CHANGES.

IMPORTANT MEDICAL INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION ALLERGIES:

Current medications

Name Strength How taken Reason

Current Active Medical Issues Treating Physician

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Form 2: Preparing this ahead of time can help you and your doctor make your visit go more smoothly and help you remember what was recommended by the doctor

REASONS FOR TODAYS VISIT

\_\_\_\_\_\_ Routine Physical Exam

\_\_\_\_\_\_\_Follow up on treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Medication management/refill

Medications to refill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_Other issues: Please list and include area of body affected, how long problem has been present, any recent accidents, injuries or medication changes :

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Doctor’s recommendations:

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