PATIENT MEDICAL NOTEBOOK

A notebook for patients, their families and caregivers for improved care, communication and compassion.

IMPORTANT INFORMATION

Patient's name and contact information:

_____

_____

People to call in case of emergency:

Name: _____ #:_____

Name: _____ #:_____

Check YES or NO for the following medical directives:

Yes, I DO _____ or **No, I DO NOT** _____ have an *Oregon Advance Healthcare Directive or living will.*

Yes, I DO _____ or **No, I DO NOT** _____ have a *Physician Orders for Life-Sustaining Treatment (POLST).*

Yes, I DO _____ or **No, I DO NOT** _____ have a healthcare representative through a *Power of Attorney for Healthcare.*

Name/contact info: _____

Allergies/Serious Medical Conditions:

_____

_____

_____

MEDICAL CONTACTS, INSURANCE CO. & PHARMACY

Insurance name(s), identification # & phone #:

1. _____

2. _____

3. _____

Pharmacy name(s), location & phone #:

1. _____

2. _____

Doctor name(s), specialty, location & phone #:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

PRESCRIPTION & MEDICINE LOG

Date: _____ Medical Provider: _____

Medicine: _____

Dose: _____

Notes: _____

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Date: _____ Medical Provider: _____

Medicine: _____

Dose: _____

Notes: _____

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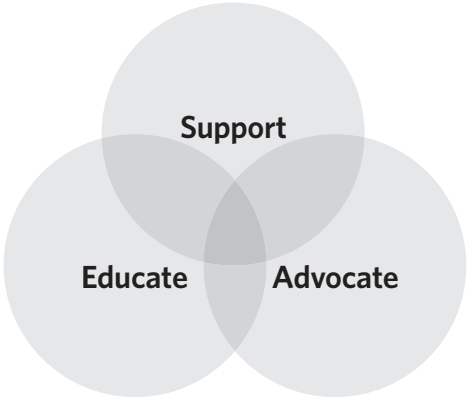
TEST RESULTS

NOTES & QUESTIONS

NOTES & QUESTIONS

compassion & choices
oregon



We hope this notebook helps with managing healthcare information and decisions for you or your loved one. A registered nurse developed the concept for this notebook after watching patients and their families struggle with a tidal wave of medical information and decisions. Stressful situations often decrease one's ability to remember details, and critical information can be miscommunicated. By using this notebook and taking it to medical appointments you can maintain a clear record of care, including medical instructions, treatment options, test results, medications and future appointments for yourself or for a loved one. Our thoughts and best wishes are with you and your family.

Compassion & Choices is a non-profit organization and resource for end-of-life planning, decisions and options. Compassion & Choices' volunteer team and staff include clergy, mental health professionals, attorneys, physicians, hospice nurses, palliative care specialists, and others experienced in helping patients, their families and caregivers. Our vision is a society where everyone receives state-of-the-art healthcare, and a full range of choices, comfort, dignity and control at the end of life.

To print Oregon's advanced healthcare directive form and learn more, visit us at: **www.CompassionAndChoices.org/Oregon**

compassion & choices
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