SECTION 5.

My Current Health

This section contains master sheets that you can photocopy.

Your health information should be kept up to date. You should complete the whole section and use it to communicate with your health team. Contact your provider for fresh pages as needed.

This journal supplement is private and confidential.

If found please return to:

[Insert your GP or health professional's name and contact details here].

Legge, V, Oerman, B & van Loon, A 2015, My Life: *Healthy Living Journal*, Baptist Care (SA) Inc, Wayville.

MY PRIMARY (MAIN) DIAGNOSIS

My primary condition/s have been diagnosed as:

_____

_____

_____

MY SCREENING TEST CHECKLIST

[Complete this checklist of tests and examinations that you need to monitor to improve your health and prevent complications from your condition/s.] The following checklist is a guide for you to discuss with your GP.

SCREENING TESTS *[It is important to have regular health screening so discuss your unique needs with your GP.]*	**WHEN TO HAVE TEST**	**DATE OF LAST TEST**	**DATE NEXT TEST DUE**	**NOTES ABOUT TEST OR RESULTS**
Blood pressure	Once a year			
Blood tests	As needed			
Bone density	Ask your GP			
Bowel screening	Annually over 50 yrs of age			
Breast examination (men & women)	Once a year			
Cholesterol checks	Once a year			
Dental checks	Every 6 months			
Diabetes tests	Once a year			
Eye checks	Once a year			
Hearing checks	As needed			
Height	Once a year			
Mammogram (women)	Once a year over 50			
Pap Tests (Smear) (women)	Every 2 years			
Pelvic Examination	Every 2 years			
Prostate (men)	Once a year			
Skin cancer checks	At least once a year			
Sexually Transmitted Infection screening	Ask your GP			
Testicular examination	Ask your GP			
Tetanus Diptheria immunisation	Every 10 years			
Weight (BMI)	Once a year			

My Health

[Write the most up to date information about your current health that the health team should know to better assist you to maintain your health.]

MY CURRENT MEDICATIONS

[Write down all the medications that you are taking at this time. You should add new ones and note when any medications are ceased or changed in the 'Date Ceased' column.]

MEDICATION	DOSE I TAKE	FREQUENCY PER DAY	HOW I TAKE IT	WHY I TAKE IT	DATE MEDICATION CEASED

MY CURRENT HEALTH ISSUES

[Keep a record of any current or changing health issues. It will help the people caring for you to help plan your care with you. It will be important to update this information when anything changes regarding your health so you remember to tell your health workers.]

CURRENT HEALTH ISSUE *[Note all relevant ongoing and new issues.]*	**DATE**	**RELEVANT INFORMATION** *[Note information your carers and support workers will need to support you effectively.]*

MY UPCOMING APPOINTMENTS

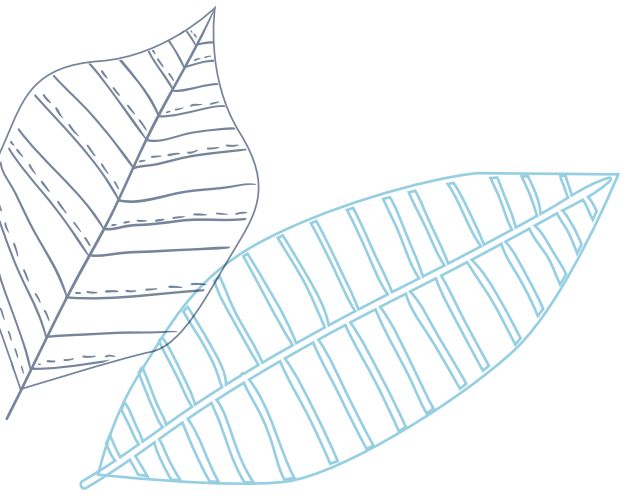
[Keep a record of your health appointments. This includes medical, nursing, allied health, complementary health and community appointments you may have. It may assist staff to help you to plan your care if they can see who else you are visiting and when those visits are next due.]

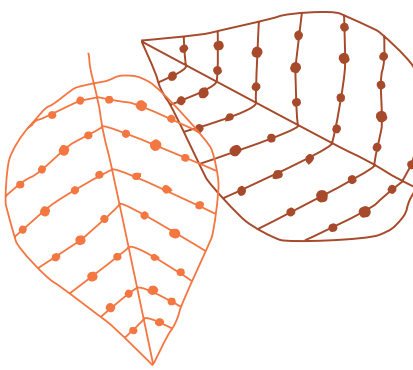
I HAVE AN APPOINTMENT WITH: *[Write name of person you are to see and where you will see them.]*	**DATE & TIME**	**RELEVANT INFORMATION** *[Write reason for appointment and any relevant instructions re your plan of care.]*

MY PERSONAL CARE

[Tick the areas in which you need assistance and note any relevant information people may need to know about how you want your assistance provided.]

DAILY TASK	I CAN DO THIS BY MYSELF	I NEED ASSISTANCE
Showering, bathing & personal hygiene		
Brushing my hair		
Cleaning my teeth		
Getting dressed		
Arrange & collect prescriptions		
Administering & taking my medication		
Checking skin for signs of pressure injury		
Continence management		
Transferring from bed/chair/car etc.		
Preparing snacks/meals		
Eating meals		
Daily living support e.g. washing, shopping, cleaning, gardening etc.		
Making & attending appointments		
Providing my specific health support needs		
Monitoring my general health e.g. regular health screening & follow up		





MY PREFERRED MODE OF TRANSPORT

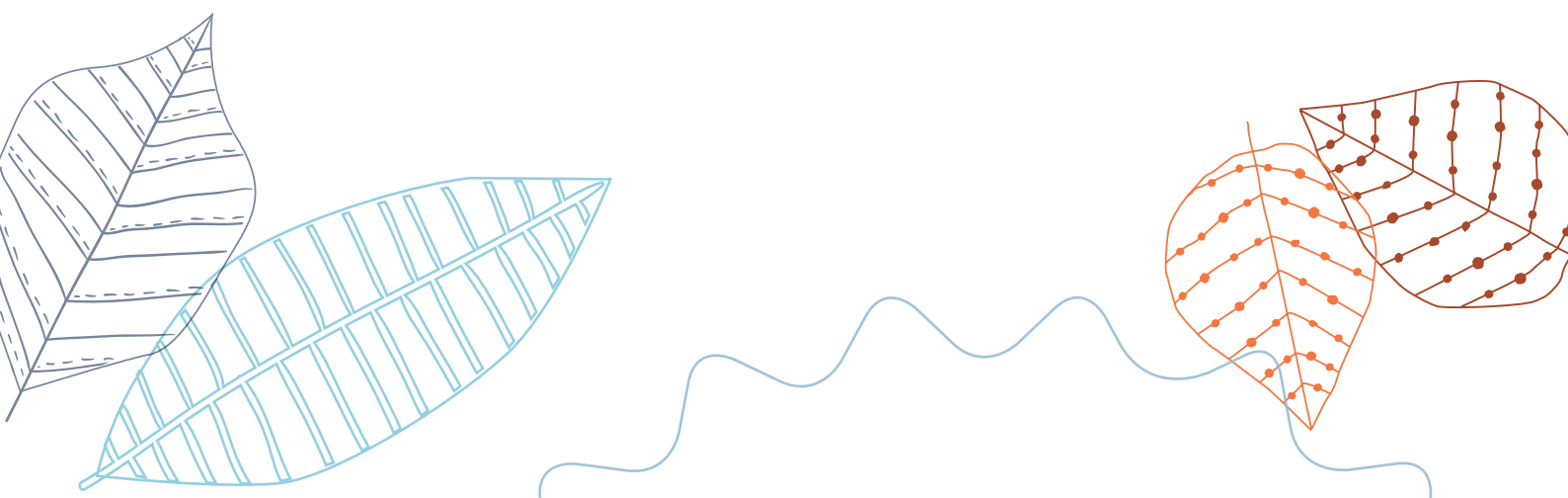
[Write down your preferred mode of transport and who provides it.]

TRANSPORT OPTION	SERVICE PROVIDER DETAILS	WHICH PERSON?

MY EQUIPMENT AND DEVICES

[Write down the equipment and devices that you use to help you move around and manage your life. Note your maintenance plan for that equipment.]

EQUIPMENT	WHAT MAINTENANCE IS REQUIRED	WHO DOES IT?	MAINTENANCE IS DUE WHEN?	DATE COMPLETED



Additional information about my mobility:

MY SUPPORT WORKER PREFERENCES

[Write down any personal preferences and contact details for the people who support you so they can provide the care you want.]

People who provide me with assistance to live my life include:

- ◯ None
- ◯ Family
- ◯ Friends
- ◯ In-home support from an agency or service: see below
- ◯ Out-of-home respite
- ◯ Other .....

MY CURRENT COMMUNITY/ HOME SUPPORT SERVICES	NAME OF CONTACT	PHONE

I would like you to call me: .....

I prefer you to contact me via: .....

Phone: .....

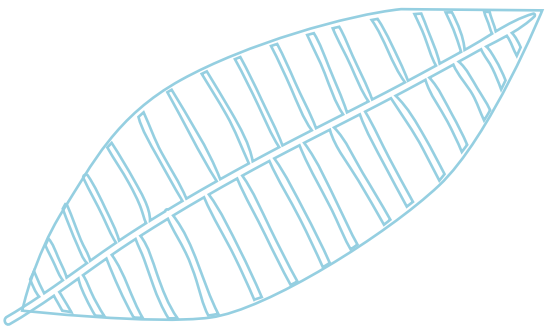
Mobile phone: .....

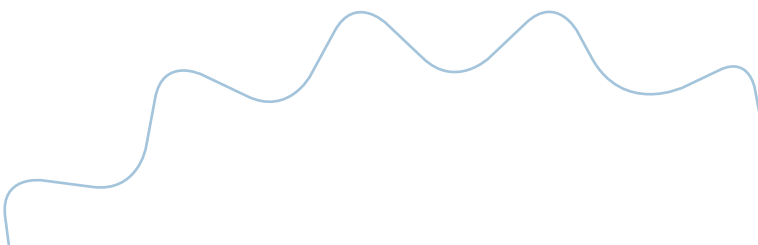
Email: .....

- Before you enter my home I would like you to:

- My morning routine is:

- My afternoon routine is:





- If I become very ill I want this support:

- In an emergency I need this support: