

Margie L.
Individual
Valued
Market
Researcher



my PERSONAL
MEDICAL
JOURNAL



my PERSONAL
MEDICAL
JOURNAL



NAME		DATE OF BIRTH	
ADDRESS			
ALLERGIES			
HOME PHONE		CELL PHONE	
DATE OF PNEUMONIA VACCINE		DATE OF FLU VACCINE	
PHARMACY		PHONE	
MEDICAL EQUIPMENT		PHONE	
POA NAME		PHONE	
RELATIONSHIP			

PRIMARY CARE MD			
DOCTOR'S NAME			
ADDRESS			
	CITY	STATE	ZIP
PHONE		FAX	
EMAIL			

MEDICAL SPECIALIST			
NAME			
NURSES NAME			
ADDRESS			
	CITY	STATE	ZIP
PHONE		FAX	
EMAIL			

MEDICAL SPECIALIST			
NAME			
NURSES NAME			
ADDRESS			
	CITY	STATE	ZIP
PHONE		FAX	
EMAIL			

PREFERRED HOSPITAL			
NAME			
ADDRESS			
	CITY	STATE	ZIP
MAIN PHONE NUMBER		OTHER NUMBER	



PREFERRED HOME CARE

NAME	Bowes In Home Care		
NURSES NAME			
ADDRESS	813 Tek Drive		
	CITY Crystal Lake	STATE IL	ZIP 60014
PHONE	847.742.5757	FAX	847.428.8615
EMAIL			

PREFERRED PRIVATE DUTY

NAME	In Home Personal Services		
MY CONTACT			
ADDRESS	813 Tek Drive		
	CITY Crystal Lake	STATE IL	ZIP 60014
PHONE	877.826.IHPS (4477)	FAX	847.516.4466
EMAIL			

PALLIATIVE/HOSPICE

NAME			
NURSES NAME			
ADDRESS			
PHONE			
EMAIL			

EMERGENCY CONTACT			
NAME			
RELATIONSHIP			
HOME PHONE		CELL PHONE	
NAME			
RELATIONSHIP			
HOME PHONE		CELL PHONE	

EXERCISE PROMOTES

- STRONG HEART
- WEIGHT LOSS
- LOWER CHOLESTEROL
- LOWER BLOOD PRESSURE
- REDUCE STRESS
- INCREASE ENERGY
- INCREASE CIRCULATION

RELAX & REDUCE STRESS

- Sit in a comfortable chair — put hands in your lap or lie down. Close your eyes.
- Think about being in a peaceful place, like walking barefoot in a meadow or lying on a beach. Hold the picture in your mind.
- Breathe in slowly and deeply through your nose. Take the air into your belly. Breathe out slowly through your mouth.
- Each time you breathe out, repeat a calming word or phrase like “relax”, or “let go.”
- Do this for 5 to 10 minutes.

	# OF MINUTES	MONDAY	TUESDAY	WEDNESDAY
Week 1	Exercise			
	Relaxation			
Week 2	Exercise			
	Relaxation			
Week 3	Exercise			
	Relaxation			
Week 4	Exercise			
	Relaxation			
Week 5	Exercise			
	Relaxation			
Week 6	Exercise			
	Relaxation			
Week 7	Exercise			
	Relaxation			



Use this chart to keep track of the minutes of activity you do each day.

DATE	WHAT I DID	TOTAL MINUTES OF ACTIVITY	TOTAL STEPS PER DAY

MY ACTIVITY GOALS:

MINUTES PER DAY

STEPS PER DAY

Make extra copies of this chart before you use it the first time.



Cointha S.
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I, _____, pledge to do at least three of these action items to help lower my cholesterol and my risk for heart disease and stroke:

- To know what my cholesterol should be and try to keep it at goal level.
- To have my cholesterol checked and track my numbers.
- To read food labels at the grocery store and buy foods that are low in cholesterol, saturated fat, and trans fat.
- To know my Body Mass Index and take measures to maintain a healthy weight.
- To participate in moderately intense physical activity (like brisk walking) for at least 30 minutes at least 5 days a week. On days when I don't have time, I'll do the activity in three 10 minute segments during the day.
- To stay tobacco free; if I smoke, to pick a quit date and ask my doctor for help with quitting.
- To limit my alcohol level to no more than two drinks a day (for men) or one drink a day (for women).
- To take my medication as my doctor prescribed.
- To understand my 10-year risk for heart disease and stroke.
- To encourage others who may be at risk for high cholesterol to get their cholesterol checked.

I will recruit the following people to help me in the ways listed below.

Helper's Names

What I will ask him/her to do

I will reward myself and my helpers by (be specific):

Your signature _____

Witness signature _____

Date _____

Date _____

Martin P.
Individual
Valued
Vietnam
Veteran



NORMAL CHOLESTEROL
LEVELS ARE:

- Total cholesterol <200
- LDL <100
- HDL >40
- Triglycerides <150

WHAT YOU CAN DO TO PREVENT FALLS

MANY FALLS CAN BE PREVENTED. BY MAKING SOME CHANGES, YOU CAN LOWER YOUR CHANCES OF FALLING.

1. BEGIN A REGULAR EXERCISE PROGRAM

Exercise makes you stronger and feel better. Exercises that improve balance and coordination are the most helpful. Ask your doctor or health care provider about the best type of exercise program for you.

2. HAVE YOUR HEALTH CARE PROVIDER REVIEW YOUR MEDICINES (ALWAYS TELL YOUR HOME HEALTH NURSE OF ANY EXTRA "OVER THE COUNTER" MEDICINES YOU ARE TAKING ALONG WITH YOUR MEDICINES PRESCRIBED BY YOUR DOCTOR.

As you get older, the way medicines work in your body can change. Some medicines or combinations of medicines can make you sleepy or dizzy, and cause you to fall.

3. HAVE YOUR VISION CHECKED ONCE A YEAR

You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

4. MAKE YOUR HOME SAFER

About half of the falls happen at home. To make your home safer:

- Remove things that you can trip over (like papers, books, clothes and shoes) from stairs and places that you walk.
- Remove small throw rugs or use double sided tape/rug grippers to keep rugs from slipping.
- Keep items you use often in cabinets that you can reach easily without using a step stool
- Have grab bars put next to your toilet and in the tub or shower
- Use non-slip mats in the bathtub and on shower floors
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang lightweight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases
- Wear shoes — both inside and outside the house. Avoid going barefoot or wearing slippers.

OTHER SAFETY TIPS

- Keep emergency numbers in large print near each phone
- Put a phone near the floor in case you fall and cannot get back up
- Think about wearing an alarm device that will bring help in case you fall and cannot get back up



1. Family members should maintain personal cleanliness by washing their hands before and after using the bathroom and before handling food. Family members should wash their hands before and after giving patient care. (Keep patient as clean as possible).
2. Use a liquid soap in the bathroom. Cover the faucet and handles with tissue paper before touching them. Each family member should use his or her own toothbrush and drinking glass.
3. Cover your mouth when coughing or sneezing to prevent the spread of germs. Turn your head to avoid droplets from coughs or sneezes.
4. Refrigerate milk and other perishable foods. Drink safe water. The household may use the same cooking pots and utensils; however, commonly used or unclean eating utensils should be avoided. Do not share food from the same plate. Wash the patient's dishes last, or use disposable dishes.
5. Maintain health at a high level by eating a balanced diet and getting adequate amounts of sleep, rest, sunshine, fresh air, and exercise.
6. Obtain and maintain protection against diseases for which there are no known immunizing agents. Talk to your physician about your immunizations.
7. Call your physician and home health nurse when you have complaints of frequent coughs; sudden weight loss; diarrhea; vomiting; increased redness of any wounds; elevated temperature; areas of skin breakdown; lethargy; night sweats; aching; rashes; sore throat; headache; burning during urination; or stiff neck.
8. Keep in mind the following regarding infection control in the home:
 - Good common sense usually provides the best solutions to many situations, and
 - The liberal use of soap and water is still one of the best ways to prevent the spread of infection.
9. If possible, have your own room and bathroom.
10. Clean your room daily. Items such as toys, books and games may be cleaned with soap and water or wiped down with alcohol. Wash trash containers with soap and water, then spray with commercial disinfectant. Wash floors and the furniture with a commercial disinfectant. Follow manufacturers's guidelines for cleaning medical equipment. Usually soap and water are fine. When it is possible, open the windows and air out your room.
11. Clean up spills of blood and urine with a 10% bleach solution at the end of the day.
12. The family should wear disposable gloves if contact with patient's blood, wound drainage, feces, urine, open areas of skin, or other bodily fluids is a possibility. The family members should wear utility gloves if they are handling soiled linens, cleaning the patient's living area, or cleaning up spills of blood, urine or feces.
13. Clean utility gloves with hot soap and water, then disinfect the gloves with a 10% bleach solution. Throw away and replace cracked or torn utility gloves.
14. Bag your trash separately (from that of the family) in a plastic resistant bag. Double bag as needed to prevent leakage of soiled bandages or disposable items. Keep animals and pets out of your trash.
15. Place needles, syringes, lancets, and other sharp objects in a hard-plastic or metal container with a screw-on lid that fits securely. Don't use a glass container. Keep containers with sharp objects out of children's reach.

WRITING MY PERSONAL GOALS

WHAT IS MOST IMPORTANT TO YOU?

When you are busy coping with daily life, it can be hard to see the big picture. Think about what matters to you. This will help you set priorities, manage daily life, and plan for the future. Read each statement below. How important is it for you to do each of these things? Put a checkmark in the column that best describes your feelings.

I WANT TO:	IMPORTANCE		
	Very	somewhat	not very
1. Care for myself.			
2. Get out of bed every day.			
3. Continue with favorite hobbies or activities.			
4. Have energy to enjoy my children and grandchildren			
5. Go out on my own			
6. Spend time with family and friends.			
7. Travel and see new places.			
8. Manage my own expenses.			
9. Decide things for myself.			
10. Feel less anxious about myself.			
11. Stay in my home as long as I live.			
12. Live without a lot of pain.			
13. Live without needing machines or medical devices to keep me alive.			
14. Live as long as I can.			
15. Die peacefully and quickly if I'm very sick and have no chance of getting better.			

OTHER THINGS THAT ARE IMPORTANT TO ME:



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