

Guiding an Improved Dementia Experience (GUIDE)

EDUCATION AND SUPPORT RESOURCES

Medical Information Forms

*Keep track of medications,
personal health and
hospitalizations.*



PERSONAL HEALTH RECORD

Patient : _____

Address : _____

Telephone : _____

DOB : _____

SSN : _____

☐ Has dementia

☐ Registered with MedicAlert + Alzheimers Association Safe Return

☐ Registered with Siler Alert

☐ Other : _____

☐ Healthcare power of attorney : _____

☐ Living will : _____

☐ Do not resuscitate (DNR) : _____

In Case of Emergency :

Caregiver(s) : _____

Address : _____

Phone : _____

PREVENTING MEDICATION MISTAKES

I understand mistakes in taking medications properly often is the reason that patients return to the hospital soon after the discharge. I will carefully read all instructions (dose, time and possible side effects) about the medicine. I will talk to the doctor and the pharmacist about questions or concerns that I may have. I will create a routine to make sure the medications are taken as prescribed by the doctor.

[illegible]

DOCTORS, DENTISTS, AND SPECIALIST			
Doctor	Reason	Most recent visit	Telephone

Medicine	Dose	Reason	Allergies/ Side effects

OTHER ALLERGIES AND NEGATIVE REACTIONS (FOOD, INSECTS, ETC.)

Type	Symptom	Date Last Recorded	Treatment

Major Chronic Illnesses and Surgeries

[illegible]

INSURANCE (INCLUDING MEDICARE/MEDICAID/VA, ETC.)				
Insurance Name	Telephone	Group #	Member #	Primary Insured

HOSPITAL TO HOME RECORD

PATIENT :	_____	PHONE :	_____
CAREGIVER :	_____	PHONE :	_____
HOSPITAL :	_____	PHONE :	_____
DOCTOR 1 :	_____	PHONE :	_____
DOCTOR 2 :	_____	PHONE :	_____
DOCTOR 3 :	_____	PHONE :	_____
DOCTOR 4 :	_____	PHONE :	_____
NURSE 1 :	_____	PHONE :	_____
NURSE 2 :	_____	PHONE :	_____
DISCHARGE MANAGER:	_____	PHONE :	_____
CASE MANAGER:	_____	PHONE :	_____

TO BETTER MANAGE MY LOVED ONE'S MEDICATIONS, I WILL:

- Take these notes and reminders with me to ALL doctors visits and hospitalizations.
- Call the doctor if i have questions about these medications or if i want to change the dosage or form of the medications.
- Tell the doctor about all the medications the patient is taking including "over the counter" medications, drugs, vitamins, minerals, and herbal supplements.
- Know the reason for each medication.
- Know how much, when and for how long each medication is to be taken.
- Know possible medication side effects to watch out for.
- Know what to do about each side effect.
- Update medication list.

RECENT HOSPITALIZATION		
DATE	FROM:	TO:
REASON FOR HOSPITALIZATION:		

TESTS AND PROCEDURES		
DATE	TEST	RESULTS

QUESTIONS FOR DOCTORS	
QUESTIONS	ANSWERS

QUESTIONS TO ASK BEFORE HOSPITAL DISCHARGE.	
I WILL DUSCUSS WITH THE NURSE, DOCTOR, DISCHARGE PLANNER OR SOCIAL WORKER:	
WHERE THE PATIENT WIILL GO AFTER LEAVING THE HOSPITAL :	
PERSON WHO WILL BE CARING FOR THE PATIENT:	
IF THERE IS A PROBLEM AFTER LEAVING THE HOSPITAL:	
I WILL CALL THIS HOSPITAL STAFF:	PHONE:
I UNDERSTAND THE NEW MEDICATIONS , THE REASON FOR THEM, HOW THEY SHOULD BE TAKEN AND POSSIBLE SIDE EFFECTS.	
NAME OF DRUG STORE:	DRUG STORE'S HOURS:
POSSIBLE SIDE EFFECTS:	
SYMPTOMS THAT REQUIRE MEDICAL ATTENTION:	I WILL CALL THIS HOSPITAL STAFF: PHONE:
SYMPTOMS THAT DON'T REQUIRE MEDICAL ATTENTION:	WHAT WILL I DO IN THIS CASE?

FOLLOW-UP APPOINMENTS WITH DOCTORS		
DOCTOR	DATE	TIME