SharedCarePlan

https://www.sharedcareplan.org/HomePage.aspx

Welcome to Your Personal Health Record

What is the Shared Care Plan?

The Shared Care Plan is a free, easy-to-use, Personal Health Record that lets you keep track of vital health information in case of an emergency. You can also share this information with your family, physicians and other people you feel should have access to this information. For more information about the Shared Care Plan, please visit www.SharedCarePlan.org or call (360) 756-6840 or (888) 503-6843.

Electronic Shared Care Plan

If you would like to have an electronic Shared Care Plan housed on a secure Website please go to www.SharedCarePlan.org/signup. There, the information you enter online will be accessible to you and the people you specify from any Web ready computer around the world. The information can also be printed out as needed There is also a pocket-sized summary that will easily fit in a wallet which is especially useful when traveling.

Critical Information Available in an Emergency

The SCP is a place to record key information that medical personnel need access to in an emergency. If you carry your SCP with you or let your emergency contact know where it is, the information is available to emergency personnel. This means that even if you are unable to communicate, your critical information is still available to health care professionals.

How can I make the most of my Shared Care Plan?

Fill out as much information as you can in your Shared Care Plan. If there are things you don't know, ask for that information from your clinic(s) at your next visit. Bring a copy of your Shared Care Plan with you to all of your health care appointments. Ask your Care Team members (anyone such as doctors, nurses, therapists, pharmacists, care-givers, family or friends who help you in your journey towards better health) to look at your Shared Care Plan for a current picture of your health and to help you keep the information accurate, up-to-date, and complete. You can also work together to define problems, set priorities, establish goals, create treatment plans, and solve problems. Also, keep a copy of your Advance Directives (if you have these) with your Shared Care Plan at all times. This way your wishes will be known and the legal documents immediately available in the case of an emergency.

How can I get another copy of this paper version of the Shared Care Plan?

You can find downloadable versions of the Shared Care Plan online in both Microsoft Word and Adobe PDF formats. There is also an English/Spanish version available. Go to www.SharedCarePlan.org for more information.

How do I put this booklet together?

The paper Shared Care Plan is designed to be printed double-sided and folded like a booklet although you can print it regularly as well. Refer to your printer's documentation for specific instructions. Generally, you select File and then Print. In the print dialog box, choose "odd pages" next to the word "Print:" After the pages have printed, flip them over and print the even pages this time. Fold the printed pages in half to form a booklet. You may have to select "Reverse pages" for one of these steps.

Care Team

Emergency Contacts

Your Emergency Contact is the person you would like called first should you have an emergency. Your Backup Emergency Contact is the person you would like called if your primary Emergency Contact is unavailable.

Contact	Name	Phone Number	Alternate Phone Number
Emergency Contact			
Backup Emergency Contact			

Care Team Members

Care Team Members are people and/or organizations who help you manage your health. Anyone who you feel has a role in your health care can be part of your Care Team.

Appointments	Name	Phone #	Fax #	Role/Description	Comments

Insurance Providers

Record here any insurance policies you use for your health care.

Type of Insurer	Carrier Name	Policy Number	Group Number	Phone Number	Address
Primary Medical					
Secondary Medical					
Prescription Drug					

About Me

I want the person working with me to know...

This section is for you to record important details about your health and life that will help health care professionals understand your needs.

This is the most important information you need to know about me: _____

_____

I have challenges with: ☐ Vision ☐ Hearing ☐ Speech ☐ Mobility ☐ Transportation ☐ Other

My primary language is: ☐ English ☐ Español ☐ Other _____

I need a translator: ☐ Yes ☐ No

Comments _____

_____

My blood type is: ☐ O+ ☐ O- ☐ A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB-

I have special dietary needs: ☐ Yes ☐ No

Comments _____

_____

My religion/spirituality impacts my health care: ☐ Yes ☐ No

Comments _____

_____

I have: ☐ Advance Directives ☐ POLST ☐ Power of Attorney

Comments _____

_____

I live: ☐ Alone ☐ With a partner/spouse ☐ With family ☐ Other
☐ With others ☐ In assisted living ☐ In a nursing home

Comments _____

_____

I learn best by: ☐ Reading ☐ Being spoken to ☐ Being shown
☐ Listening to tapes ☐ Seeing pictures/videos ☐ Other

Comments _____

I have access to the Internet: ☐ Yes ☐ No

Comments _____

Additional information

_____

_____

_____

Diagnoses

My Chronic and Long-Term Diagnoses

This is a list of all the conditions you have been diagnosed with and are managing.

Diagnosis	Description	Date Diagnosed	Diagnosed By	Comments

Next Steps

Where I am – My concerns

This section helps you identify the types of problems or concerns you are currently facing as you manage your health. Sharing your concerns helps your Care Team assist you with Next Steps.

- ☐ My ability to manage my chronic condition(s)
- ☐ Thinking/memory problems
- ☐ Family issues
- ☐ Emotional Issues
- ☐ Financial issues
- ☐ End of life issues
- ☐ Spiritual support
- ☐ Access to health care
- ☐ Other

Details _____

_____

Where I want to be – Life goals

A Life Goal is a motivating reason you are working toward better health.

Completed	Goal Description
☐	
☐	
☐	

How I'm getting there – Next steps

Next Steps are small, short-term steps that you are ready and willing to take towards obtaining your life goals.

Completed	Date	Description
☐		**Step:**
☐		Action:
☐		Action:
☐		**Step:**
☐		Action:
☐		Action:
☐		**Step:**
☐		Action:
☐		Action:

Be sure to reward yourself along the way!

Health Log

Health Indicators

This is the place to record health indicators such as blood pressure, cholesterol and weight, the goal values that you want to reach or maintain and to monitor them over time.

Indicator:			Goal:		Comments:
Date	Value	Comments	Date	Value	Comments

Indicator:			Goal:		Comments:
Date	Value	Comments	Date	Value	Comments

Indicator:			Goal:		Comments:
Date	Value	Comments	Date	Value	Comments

Indicator:			Goal:		Comments:
Date	Value	Comments	Date	Value	Comments

Medications

Prescribed medications

These are medications that a health care professional has advised you to take, including medications, vitamins and supplements available over-the-counter.

Start Date	Prescribed By	Generic (Brand) Name and Strength	Directions	Use	OTC?	B	L	D	N
					☐				
Comments:									
					☐				
Comments:									
					☐				
Comments:									
					☐				
Comments:									
					☐				
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Comments:									
					☐				
Comments:									

Additional Medications

Add here any other medications that you are taking and that no health care professional has advised you to take, including herbal supplements, vitamins, etc.

Start Date	Prescribed By	Generic (Brand) Name and Strength	Directions	Use	OTC?	B	L	D	N
					☐				
Comments:									
					☐				
Comments:									
					☐				
Comments:									
					☐				
Comments:									

Discontinued Medications

This is a list of all medications that you are no longer taking.

Start Date	Stop Date	RX By	Generic (Brand) Name and Strength	Directions	Use	Reason Discontinued
Comments:						
Comments:						
Comments:						
Comments:						
Comments:						

Reactions

Allergies / Intolerances

These are substances (drug, food, or otherwise) that cause a bad reaction when you take, inhale or in some way come in contact with them.

Substance	Date Occurred	Type	Documented By	Reaction

Contraindications

These are substances (both drugs and food) that interact badly with your condition or medications that you are already taking.

Substance	Reason	Documented By

History

Procedures and Surgeries

Here you can keep track of any procedures and surgeries you have had. These can range from a biopsy to a cat scan to a mammogram.

Description	Date Admitted	Comment

Hospital Visits

Here you can keep track of any hospital visits you have had. Include visits to the emergency room and longer in-patient stays for observation and so forth, but you do not need to duplicate stays listed under surgeries.

Description	Date Admitted	Comment

Immunizations

Immunizations are vaccines taken to prevent illness. It is important to keep a record of these in case you are ever exposed to a serious contagious disease.

Vaccine	Dose # in Series	Date	Vaccine	Dose # in Series	Date

Your Personal Health Record

The Shared Care Plan

It's your health–
you can take charge!

This Print Version belongs to:

_____

Additional copies available at
www.SharedCarePlan.org