

Personal Health Information

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My **Health and
Wellness Record**



COW CREEK BAND
OF UMPQUA TRIBE OF INDIANS

PUBLIC HEALTH

Get the Most from Your Health and Wellness Record

Personal Health Information

Medical Information Sheet: [Print 1 page](#)

This is a form like what you find in your chart at the doctor's office or hospital. Filling this out could help medical providers quickly learn basic information about you. It could also help your family if you were incapacitated.

Allergies: [Most people will only need to print 1 page](#)

It is important to understand the difference between an allergy and a side effect or adverse reaction. Please refer to the Helpful Information and Terminology page to learn the difference so you can accurately record allergies to medications and foods.



Adverse Reactions and Food Sensitivities: [Most people will only need to print 1 page](#)

The adverse reactions and food sensitivities page should be filled out in a similar manner to the allergies page.

Medical History: [Print 1 page](#)

This page is a way of collecting your general health history to help build a picture of your overall health.

1. On this page, you will start by listing your chronic or ongoing medical conditions. If you have many chronic illnesses, you can add an additional sheet of paper to list your conditions.
2. List any family medical conditions that affect your blood relatives. For example, a family history of breast cancer and whoever was diagnosed, are important pieces of information. If your doctor knows about family history, they can be more proactive with preventative screenings and treatments.
3. If you know it, list your blood type. Usually, blood type is not something you need to know; if you need blood the lab will test it or give you blood from a universal donor.

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4. Substance use is the next topic. To the best of your ability, fill out the chart regarding your substance use. Make sure to list alcohol, tobacco, vaping, drug, and marijuana use.
 - a. While it may be difficult to be honest about substance use, it is critical for healthcare providers to know.
 - b. For example, withdrawal from alcohol can be dangerous without proper medical management. If your healthcare providers are unaware of alcohol use or if you have not been honest about how much, they cannot assess or treat you properly. Substances can interact with medications that your healthcare provider prescribes, so it is important that substance use is accurately communicated with them.
 5. Next, you will answer questions about your diet. This is a good place to list if you are gluten free, vegetarian, vegan, or if you have any other diet preferences.
 - a. Some people need liquids to be thickened or foods to be pureed, this is where you should put that information.
 - b. How you take your pills is also important (whole with water, crushed and/or in applesauce).
 - c. Even if you have no difficulty remembering this information, it is important to fill it out just in case you find yourself in a situation where you are unable to provide it.

Recent History and Physical:

You can ask for a history and physical printout from your doctor's office. A history and physical is your doctor's documentation based on your most recent exam. If you are hospitalized, this is helpful because it can be difficult for patients to relay medical information to medical providers in a meaningful way.

POLST/ Advanced Directive/ Power of Attorney/ Guardianship:

These items are not included in the packet, and should be obtained from other sources. Sources are listed on the Helpful Information and Terminology Sheet for this section. You should keep originals of these papers in a safe place that does not leave your home, and copies should be kept in this binder.

Medical Information Sheet

PERSONAL INFORMATION	
Name	
Date of Birth	
Address	
Living Situation	<input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> Single <input type="checkbox"/> With Someone <input type="checkbox"/> Other <i>(Please specify):</i>
Phone Number	
Email	
Religion/Spirituality	

Emergency Contacts			
Primary Emergency Contact		Secondary Emergency Contact	
Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	
Address		Address	

Insurance Information			
Primary Insurance		Secondary or Supplemental Insurance	
Carrier Name		Carrier Name	
ID Number		ID Number	
Group Number		Group Number	
Phone Number		Phone Number	

Location of Important Documents	
Advanced Directives	
Living Will	
DNR	
POLST	

Code Status	<input type="checkbox"/> Full <input type="checkbox"/> DNR <input type="checkbox"/> Limited
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Allergies

Medication Allergies

Medication	Reaction
<i>Example: Lisinopril</i>	<i>Example: Tongue Swelling</i>

Non-Medication Allergies *(Include food allergies here)*

Allergen	Reaction
<i>Example: Latex</i>	<i>Example: Difficulty breathing and hives</i>

Adverse Reactions and Food Sensitivities

Medication Adverse Reactions *(Non-allergic, but undesired effect)*

Medication	Reaction
<i>Example: Oxycodone</i>	<i>Example: Nausea and vomiting</i>

Food Sensitivities *(Foods you don't tolerate well, but are not allergic to)*

Food	Reaction
<i>Example: Milk/Lactose</i>	<i>Example: Gas and bloating</i>

Medical History

Blood Type

Your Chronic Conditions and Medical History (Heart disease, diabetes, cancer, etc.)

Example: Diabetes - diagnosed in 2021 (date of diagnosis optional)

Family Medical History (Parents, Siblings)

Example: Mother had breast cancer

Substance Use

(One drink is: 12oz of beer with 5% alcohol, 8 ounces of malt liquor with 7% alcohol, 5 ounces of wine with 12% alcohol, a shot or 1.5 ounces of liquor with 40% alcohol or 80 proof.)

Substance	Frequency	Quantity

Diet

Do you follow a specific diet or have any restrictions?	
What liquid consistency do you need for safe swallowing? <i>(e.g. liquid, nectar, honey, N/A)</i>	
Do you have any difficulty with textures or chewing?	
How do you take your pills?	