



# Personal Health Care Journal

U.S. Administration on Aging



MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>JOHN DOE</b>			
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>		SEX <b>MALE</b>	
IS ENROLLED TO <b>HOSPITAL MEDICAL</b>		EFFECTIVE DATE <b>07-01-1986 07-01-1986</b>	
SIGN HERE			

Take an active role in your own health care!













## List of Appointments

Date	Physician/Phone Number	Reason for Visit



## List of Appointments

Date	Physician/Phone Number	Reason for Visit

Do you:

## Personal Habits

Drink Alcohol: [ ] drinks per day

Exercise: [ ] minutes per week

Currently Smoke: [ ] packs a day

Have smoked for [ ] years

## Allergies

Date	Allergic to what?	Symptoms/Reactions

## Family History & Health Problems/Conditions

Condition	When <b>Patient</b> was Diagnosed	Parent or Sibling with Condition?
Asthma:		
Cancer, Type:		
Diabetes, Type:    1    2		
Heart Disease:		
High Blood Pressure:		
High Cholesterol:		
Stroke:		
Chronic Conditions:		
Depression:		
Dementia:		

Use this space to keep track of your medications and any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Use this space to keep track of your medications and any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

## List of Medical Equipment and Supplies

Date	Equipment	Provider of Equipment	Advising Doctor

## List of Operations/Surgeries

Date	Type of Operation	Hospital/Clinic

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)






Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




---

## Care Plan/Special Instructions from Doctor


---

## Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)






Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations


Services received (check-up, physical therapy, etc.)




Care Plan/Special Instructions from Doctor




Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

## Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Bone Mass Measurements	Helps determine if you are at risk for broken bones	Yes, every 24 months if at risk
Heart Screening	Ask your doctor to test your cholesterol, lipid and triglyceride levels	Yes, every 5 years
Colorectal Cancer Screening	Finds precancerous growths and can help find colon cancer early	Yes, if age 50+ or at high risk
Diabetes Screening	Tests are available if you have: high blood pressure, Dyslipidemia, obesity, or history of high blood sugar or two or more of the following characteristics: age 65+, overweight, family history of diabetes, delivery of baby weighing more than 9 pounds	Yes, based on results of test, you may be eligible for up to 2 per year

## Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Flu Shot	Helps prevent Influenza, or the flu virus	Yes, in Fall/Winter
Glaucoma Test	Helps detect the eye disease Glaucoma. Available if you are at risk.	Yes, every 12 months
Hepatitis B Shot	Helps protect you from getting Hepatitis B, a disease of the liver	Yes, if at high or medium risk
Mammogram	Checks for breast cancer before you or your doctor may feel it	Yes, every 12 months for age 40+
Pap Test & Pelvic Exam	Checks women for vaginal and cervical cancers	Yes, every 24 months or every 12 if high risk

## Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Pneumococcal Shot	Helps prevent pneumonia. Most people only need this once.	Yes
Prostate Cancer Screening	Helps men find prostate cancer with a digital rectal exam and Prostate Specific Antigen (PSA) test	Yes, every 12 months for age 50+
One-time "Welcome to Medicare" Physical	Covers a one-time review of your health, as well as education and counseling about preventative services and referrals for other care. Part B deductible and co-insurance applies.	Yes, but <b>only</b> within the first 6 months of Part B coverage
Stop Smoking Counseling	Helps seniors quit smoking. Must have an illness from smoking or taking medicine affected by smoking. Counseling must be ordered by a doctor.	Yes, covers 8-12 visits





---

---

---

---

---

---

---

---

---

---

---

---

Your local SMP Program offers the following:

- ④ SCREENING health care bills or Medicare Summary Notices for possible errors, or overt fraud and abuse of Medicare and Medicaid programs.
- ④ INFORMATION about how to protect yourself, report and respond to health care scams.
- ④ ASSISTANCE with contacting your doctor or other health care providers to discuss billing problems if you are not comfortable doing it yourself.



# Protect Detect Report

Visit the SMP locator at: [www.smpresource.org](http://www.smpresource.org)

