Lesson Objectives:
Participants will:
- Learn to take an active role in their medical care.
- Recognize the benefits of maintaining records of their medical care.
- Review steps to maintain records and information regarding their medical care including family and personal history; and related billing and insurance records.
- Learn to improve their communication with their medical care providers so they can receive the best medical care possible.

Materials needed:
- **For Teachers:**
  - Teacher Guide
  - Script for Skit – “A Visit With My Doctor.” (page 8)
- **For participants:**
  - Member handout, 1 copy for each member
    - 6 items included: Health Information Form, Exams and tests/Medications, Medical Care Record sheet, My Health and Family History, Medical Expenses Record, My Appointment Planner
  - Evaluation and Consent letter, 1 copy for each member

Before the lesson:
- Copy needed number of Skit script, Member handout, Participant Evaluation and Consent letter.
- Read Teacher’s Guide and Participant materials.
- Write text on flipchart paper (see next page for what to write).
- Plan your presentation. The following timing for activities and discussion is suggested for a one hour lesson:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Taking Charge of Your Medical Care</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Creating Your Medical Record</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Improving Communication</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Evaluation and Closing</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

- As participants arrive, recruit 2 volunteers to assist with the skit, “A Visit With My Doctor.” Provide them with a copy of the script so they can read it over before they are asked to participate.
Flipchart preparation: Write the text below on flipchart pages.

<table>
<thead>
<tr>
<th>Flipchart #1</th>
<th>Flipchart #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My Medical Care</strong></td>
<td><strong>My medical appointment</strong></td>
</tr>
<tr>
<td><strong>ME</strong></td>
<td>1. Complete “My Appointment Planner”</td>
</tr>
</tbody>
</table>

Information to share with your group:

**Welcome and Introductions**

“Taking charge of your medical care,” was prepared to help you learn to take an active role in your medical care, to improve your communication with your Doctor and to make sure you give and get the information you need to make wise decisions regarding your health.

What’s at stake is something very important – your well being!

Communication is a wonderful thing when all goes smoothly and both parties feel they have been heard. However, communicating with medical care providers can sometimes be challenging.

Remember the doctor’s office visits shown on the old television series, *Hee Haw*:

- Patient: “My arm hurts when I do this” (moving arm up and down)
  
  Doctor: “Then don’t to that!”

Can you think of other humorous or disastrous examples of miscommunication with medical care providers? These might be real or something you have seen or heard on tv or a movie.

Miscommunication involving your medical care is no laughing matter. In this lesson you will learn to improve your communication with your medical care providers so you can receive the best medical care possible. Today we will review the benefits and steps to allow you to maintain records regarding your medical care including family and personal history, related billing and insurance records as well as a planning worksheet to take with you for your next doctor’s appointment.

Take a moment for everyone to introduce themselves. Ask them to share a humorous medical story or a situation when they feel they haven’t been heard correctly during a doctor visit or medical procedure.
### Taking Charge of Your Medical Care

**Why is it important to maintain copies of your health records?**

It is not safe to assume that your doctor will maintain a complete medical history file for you. Today, individuals see a myriad of doctors, including general practitioners, specialists, and surgeons, as well as dietitians and health care advisors, just to name a few. Your test results, case file notes and diagnostic exams may not be shared from one doctor to the next. In addition, your doctor may only maintain a year or two of records in your present file. Other records may be archived and not be readily available. It is in your best interest to have your own set of records.

Those medical records can come in quite handy. You’ll want to take them with you should you need to visit the emergency room or urgent care. You will likely want to take a more condensed version with you when you travel. Anyone who has broken their glasses, lost their luggage with their prescriptions, or had a medical emergency when traveling can tell you how convenient it is to have your information readily available.

Let’s take a moment to review the current situation in our healthcare industry:

- The average general practitioner will conduct about 120,000 to 160,000 patient interviews during a typical 40 year career.
- A 2003 study of 2659 outpatients at two hospitals found that 42% did not understand home care instructions.

(** Center for Advancement of Health, Facts of Life, March 2003, vol. 8 no. 3)

Now, let me ask you about your current situation. You don’t need to answer these out loud.

If you answered “no” to any of those questions, this lesson is for you.

### Creating Your Medical Care Record

One of the first steps in taking control of your own health care is to create your own record of your medical history and your medical care. This “Do You Know Your Medical History?” portion of the lesson has been adapted from materials prepared by the Purdue University Cooperative Extension Service.

These Medical Care Records are also available online so that you can enter your information on your computer, get additional copies, or save them on your computer. The website is listed on your Member Handout.
Your information can easily be kept in an accordion file folder, box with hanging files or a 3-ringed notebook, whichever tool you find most useful.

Create a storage system that works for you. The goal is to keep all your records, forms and lab results in one organized place.

Gathering your healthcare information into one location will take some time and effort.

You will want to list all your current doctors and past doctors and their contact information. If you have a difficult time remembering what doctors you’ve seen, you can refer to your old insurance forms and medical bills to help.

Contact each medical care provider and request recent medical records and results from previous visits. Medical providers may require this request to be in writing and ask you to pay a processing or copy fee.

Ask for copies of:
- Routine or preventive physical, dental and vision exams.
- Records of any abnormal exams or test results, for example mammogram, Pap smear or EKG.
- Blood and other laboratory work such as cholesterol levels, blood glucose, etc.
- Any diagnostic tests you’ve had such as biopsies, x-rays, EKGs, HIV and STD tests.
- Records of flu shots, immunizations you may have received for travel and any boosters, such as tetanus-diphtheria.
- Screening tests (mammogram, Pap smear, clinical breast exam, skin check, sigmoidoscopy, and colonoscopy).
- All prescribed medications.

Keeping your healthcare record up to date will help you to formulate questions you need to ask of your doctors and provides ready access to your previous history which may impact your care today.

Develop a system for recording your updated information after doctor appointments and changes made in your medical care.

**Improve communication with your care providers.**
There are many people involved in your medical care. They have different needs for information and different points of view for providing input.
Let’s make a diagram of who is involved in your medical care. We will start with you in the middle. This should highlight that you should play the most significant role on this team. We will name this “My Medical Care,” as a reminder that everyone needs to communicate and work together toward a common goal, your good health!

Who is on your team?
(List could include: primary care physician, nurses in medical offices, specialists, pharmacists, therapists, dietitian, instructors, and insurance provider.)

Think about others who are involved as members of your medical care team because they provide information, discuss your medical care with you, provide advice or share experiences, help you access medical care, are involved in decision making, provide assistance with your medical care. (List could include: family members, friends, care providers, the media.)

It’s easy to see from this diagram how miscommunication and lack of communication can happen in regards to your medical care.

Communication always takes effort. When there are more people providing input and expecting information, it takes more effort. You cannot assume any member of your medical care team has complete knowledge. Having up-to-date records is the first step in good communication. The next step is preparing for a medical appointment.

Have you ever had an appointment with a medical care provider that went like this skit?

How did Mrs. Madden feel after this appointment? Did she get her concerns addressed? Did she receive the care she needed? Why not?

Medical care providers often have limited time for each patient they see. In that time, they may not be able to sort through the symptoms and conditions a patient shares to determine which is the highest priority.

You can help your medical care provider to help you by being informed and prepared for your medical appointment.

Completing a “My Appointment Planner,” before each appointment will help you prioritize what your medical needs are and think about the details that you need to share with your provider so they fully understand your condition and can focus on one item at a time.

Consider involving additional members of your Medical Care Team in preparing this planner. They may have questions or information to include.
There are additional things you can do to ensure that your appointment goes smoothly and you receive the best attention and care from your provider that is possible. What are other things you could do to help a medical appointment be successful?

(Answers should include: Bring someone with you. Arrive in plenty of time to check-in and gather your thoughts before the appointment. Be positive and cheerful. Share your information with the doctor with short and direct answers. Start with the most important issue first. Be honest and complete. Stick to the topic. Listen carefully to the doctor and repeat what they tell you to make certain you understand. Ask for more information until you are certain you understand. Write down what you are told. Gather information about your condition. Tell the care provider thank you.)

The responsibility for your health care is shared between you and your care providers. Everyone needs to do their share to communicate fully and effectively. Including some of these suggestions (listed on flip chart) will help improve the quality of care you receive.

One final important reminder:
Keep your information safe. Protecting your medical history and records is just as important as protecting your personal information from identity theft.
Your medical records contain personal health, identification and financial information. Protect your health history storage system and think about who you share the contents with.

Thank you for participating in the activities today. We would like to know how you felt about this lesson.
(Read Informed Consent Statement aloud to the group.)

Flipchart #2
“Your medical appointment.”
Give participants some time to think of suggestions for a successful medical appointment. List answers they give.

Distribute the Informed Consent Statement and evaluation. Collect evaluations forms that are completed and return them to your county Extension office. Thank you!


Prepared by:

Jeanne Brandt, Family and Community Development, Washington County
Susan Busler, Family and Community Development, Lane County
Script for Skit
“A Visit With My Doctor”

Teacher: Read description of roles to group participants:

**Dr. Smith** is a physician in a busy clinic. He often runs behind schedule because of urgent, unscheduled cases that come in.

**Josephine Madden** is a 72 year old woman in moderately good health. She suffered a mild heart attack 3 years ago. Mrs. Madden feels slightly intimidated by Dr. Smith. Lately she’s been feeling rather anxious, and her heart feels like it’s “fluttering” in her chest. She really doesn’t want to “bother” the Doctor with her problems since he’s always so busy.

Skit:

**Dr. Smith:** “Hello. How are you today?”

**Mrs. Madden:** “I don’t know. I just don’t seem to be feeling … I don’t know. I’m tired, which isn’t like me. Then I don’t sleep and I lie awake and worry. I worry about my heart. My son says I’m a worrier and I let things get to me.”

**Dr. Smith:** “Trouble sleeping. Do you keep a regular schedule? Maybe something to help you sleep? Let’s try that and see if it helps. Remember, no coffee late in the day. Try not to nap; that will help. Try to get some exercise during the day.”

**Mrs. Madden:** “Well, I’m not sure that’s it. Getting some sleep would probably help though.”

**Dr. Smith:** “Well, we’ll give this a try. If you can get some sleep you will get up and keep busy so you don’t worry about things. I’ll order the prescription and you can pick it up after the nurse gives you an after-visit summary with some tips for treating insomnia.”

**Mrs. Madden:** “Well, alright.”
“Taking charge of your medical care,” was prepared to help you learn to take an active role in your medical care, to improve your communication with your Doctor and to make sure you give and get the information you need to make wise decisions regarding your health.

What’s at stake is something very important – your well being!

Questions to ask yourself about your current situation:

- Do you have a complete, current list of all of the medications you take, including over-the-counter medications, supplements, herbal remedies and laxatives, and do you carry it with you?

- Do you know what your weight and blood pressure were 2 years ago, and if they have changed?

- Do you prepare a written list of questions for the doctor before each visit and write down the responses?

- If you receive a statement from your insurance provider, denying coverage of a procedure months ago, could you find information about the appointment they are referring to?

If you answered “no” to any of those questions, this lesson is for you.

One of the first steps in taking control of your own health care is to create your own record of your medical history and your medical care. Attached are forms that will help you create your own Medical Care Records:

- Health Information Form
- Exams and tests/ Medications
- Medical Care Record sheet
- My Health and Family History
- Medical Expenses Record
- My Appointment Planner

These are also available online at: http://extension.oregonstate.edu/washington/

Prepared by Jeanne Brandt and Susan Busler, OSU Extension Service Family and Community Development Program
# Taking Charge of Your Medical Care: Health Information Form

**Oregon Family and Community Educators (FCE)**

## A. IDENTIFICATION

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Alternate Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Eye Color</td>
</tr>
<tr>
<td>Ethnicity/Race</td>
<td>Organ Donor</td>
<td>Yes</td>
</tr>
<tr>
<td>Blood/RH Type</td>
<td>Special Conditions</td>
<td></td>
</tr>
</tbody>
</table>

## In Case of Emergency, Notify: Medical Contact

<table>
<thead>
<tr>
<th>Physician (Indicate Specialty)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## B. EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>In Case of Emergency, Notify: Primary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Case of Emergency, Notify: Secondary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

## C. LEGAL DOCUMENTS/MEDICAL DIRECTIVES

- Living Will
- Durable Power of Attorney for Healthcare
- Power of Attorney
- Advanced Medical Directives

<table>
<thead>
<tr>
<th>Document Location (Physical Location)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Name (for example, Bank of America)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

## Legal Representative (Name of person who you have assigned legal authority)

<table>
<thead>
<tr>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Pager</td>
<td>Email Address</td>
</tr>
<tr>
<td>Work Email Address</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>State Where Registered</th>
</tr>
</thead>
</table>

* Adapted from American Health Information Management Association.*
Exams and Tests

Use this form to track your test results.

<table>
<thead>
<tr>
<th>Exams and Tests</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height and Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Desirable: Lower than 120/80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear/Pelvic Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Exam/Mammogram</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision check-up and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental check-up and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medications: prescriptions, over the counter medications, supplements and natural remedies.

<table>
<thead>
<tr>
<th>Date prescribed</th>
<th>Name of my medicine?</th>
<th>How much do I take?</th>
<th>When do I take it?</th>
<th>What do I take it for?</th>
<th>Refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX EXAMPLE</td>
<td>1 Tablet 400 mg</td>
<td>3 times a day after meals.</td>
<td>Arthritis</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

(Carry a copy of this Medications information with you.)
Medical Care Record Sheet

Complete one of these forms for each Medical Care Provider that you see.

Medical Care provider_______________________________    Phone _____________

___Physician   ___Specialist (__________)   ___Dentist   ___Optometrist   ___Other(__________)  

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of visit</th>
<th>Procedure/recommendations</th>
<th>Charge/Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personal Health History
Include significant health problems or events you can remember since childhood. Try to describe the specific problem you had rather than just saying “allergic to penicillin.” Did it make you nauseated? Give you a rash? If you don’t know all the details, you may be able to recover some of them from past medical records.

Serious illnesses
___________________________________
___________________________________

Surgerys
___________________________________
___________________________________

Pregnancies
___________________________________
___________________________________

Past medications
___________________________________
___________________________________

Blood donations and transfusions
___________________________________
___________________________________

Accidents, injuries, emergency care
___________________________________
___________________________________

Mental health: problems, medications,
___________________________________
___________________________________

Alternative and complementary therapies
(e.g., massage, acupuncture)
___________________________________
___________________________________

Family Health History.
Write down what you know about the health history of your immediate family members, including conditions they have and cause of death, if applicable. Pay special attention to conditions that may have a genetic component, such as breast cancer, high blood pressure and neurological illnesses such as Parkinson’s disease and manic depression. This information can be important in helping you and your doctor plan your future health care.

Mother
___________________________________
___________________________________

Father
___________________________________
___________________________________

Siblings
___________________________________
___________________________________

Maternal grandmother
___________________________________
___________________________________

Maternal grandfather
___________________________________
___________________________________

Paternal grandmother
___________________________________
___________________________________

Paternal grandfather
___________________________________
___________________________________
### Medical Expense Payment Record For Insurance

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider Name/Address/Phone</th>
<th>Type of Service</th>
<th>Statement and/or Patient ID</th>
<th>Amount of Charge</th>
<th>Ins. filed by provider or patient?</th>
<th>Ins. Paid Date &amp; Amount</th>
<th>Patient Paid Date &amp; Amount</th>
<th>Acct. Closed Y or N</th>
<th>Notes and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Expense Payment Record For Medicare

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider Name/Address/Phone</th>
<th>Type of Service</th>
<th>Statement and/or Patient ID</th>
<th>Amount of Charge</th>
<th>Medicare Approved Amount</th>
<th>Medicare Pd Date &amp; Amount</th>
<th>Medigap Pd Date &amp; Amount</th>
<th>Balance Owed</th>
<th>Patient Pd Date &amp; Amount</th>
<th>Acct Closed Y or N</th>
<th>Notes and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
My Appointment Planner

THINGS TO TELL MY DOCTOR:
Purpose of Visit: (List your concerns and symptoms, starting with the most important ones)
1. _____________________________________ 3. ___________________________________
2. _____________________________________ 4. ___________________________________
What symptoms or conditions have changed since my last visit? _________________________
_____________________________________________________________________________
How am I currently treating my symptoms or conditions? ______________________________
_____________________________________________________________________________
What else is happening in my life? (sleep problems, alcohol use, emotional stress, moved, death
of a loved one, new activities, etc.)
_____________________________________________________________________________
_____________________________________________________________________________
MY QUESTIONS: (things to ask in priority order)
1. _____________________________________ 3. ___________________________________
2. _____________________________________ 4. ___________________________________
_____________________________________________________________________________
_____________________________________________________________________________
MY DOCTOR'S RECOMMENDATIONS: (things to understand and do)
_____________________________________________________________________________
_____________________________________________________________________________
New/changed medications: (name and dosage—continue on the back of this sheet if necessary)
_____________________________________________________________________________
Treatments: (e.g., appointments with other providers, exercise, heat/ice for injuries, self-care,
etc.—continue on the back of this sheet if necessary)
_____________________________________________________________________________
FOLLOW-UP / NEXT APPOINTMENT: ____________________________________________