A PATIENT WORKBOOK · HEALTH RECORDS

My Personal Medical Journal and Health History

A write-in record for consultations, emergencies, hospital admissions, and ongoing care — **write it once, carry it everywhere**

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1	2	3	4
Emergency summary — read in seconds	Current summary — what is true now	Journal — what happened and changed	Archive — where the originals are

FULL NAME	PREFERRED NAME
DATE OF BIRTH	SEX
DATE THIS BOOKLET WAS STARTED	DATE LAST UPDATED
EMERGENCY CONTACT — NAME AND RELATIONSHIP	EMERGENCY CONTACT — MOBILE NUMBER

This booklet contains confidential health information. Store it securely and confirm who you are sending it to before you share it. **Do not delay urgent or emergency care to complete it** — for severe or rapidly worsening symptoms, seek help immediately and bring whatever is already written. **Do not start, stop, or change any prescription medicine** because of an entry in this booklet; confirm every treatment change with the clinician responsible for it.

What is inside

Companion to the full guide at renalcarematters.com/guides/personal-medical-journal-health-history.html — the guide explains how to fill each page; this booklet is where you write.

How to Use This Booklet

Three steps, six source labels, and one safety rule

Name / initials: _____ Last updated: _____

1 Three steps

Step 1 — Tonight	Step 2 — This week	Step 3 — Ongoing
Fill only the pages marked **START HERE**: the emergency summary, your main concerns, active conditions, medicines, allergies, major events, and your three questions. About 15 minutes.	Gather the original reports, file them in the ten folders listed on the archive page, and copy the most recent laboratory results into the trend tables.	Update after every change of medicine, every admission, every new result that changes the plan, and at least every six months when things are stable.

2 Label how certain each entry is

Write one of these six words beside any important entry		
Confirmed by report	Confirmed by a health worker	Patient-reported
Caregiver-reported	Approximate	Needs checking

A record that admits what it is unsure about is treated as more reliable, not less — the reader knows which lines to verify and which to act on.

3 One safety rule

Never write a value, dose, or date you cannot support. If you are unsure, write “needs checking” instead of guessing. If software or artificial intelligence helps you summarize your records, compare every drug name, dose, date, unit, and laboratory value against the original document before sharing the summary. The original report always wins. **Write every date the same way — day, short month, year: 26 Aug 2026.** A date written 03/04/2026 is read as March by one reader and April by another.

4 Mistakes that spoil a record

Common mistake	What to do instead
A photograph cropped to one abnormal line	Photograph the whole page — name, date, units, and reference range
A medicine described by its color	Copy the generic name and strength from the box
The word “allergic” with no reaction beside it	Write what actually happened, and how soon after the dose
The word “normal” where the value belonged	Write the actual number and the laboratory range
Discontinued medicines still on the active page	Move them to page 11 with the reason they were stopped
Papers from two family members filed together	One booklet and one folder set per person
Edits written over an original report	Leave the original untouched; write a separate correction note
Assuming one hospital’s system holds every episode	Keep your own copies — no facility sees all of your care

Emergency Health Summary (1 of 2) START HERE

Give this page first. Keep it to what changes care in the first minutes.

Name / initials: _____ Last updated: _____

1 Identification and contact

Field	Entry
Full name	
Preferred name	
Date of birth	
Sex	
Emergency contact and relationship	
Emergency contact mobile	
Usual physician / facility	
Date last updated	

2 Major active conditions

List only the conditions a stranger must know about within seconds.

3 Medicines that must not be missed or stopped without advice

Medicine and strength	What it is for	When it is taken

Blood thinners, insulin, anti-rejection drugs, anti-seizure drugs, steroids, and heart-rhythm drugs belong here. Missing a dose of any of them can change a hospital course within hours.

Blood type may be entered only if confirmed by a laboratory report. Do not write government identification, insurance, or bank numbers on this page.

Emergency Health Summary (2 of 2) START HERE

High-risk treatments, devices, and access

Name / initials: _____ Last updated: _____

3 Serious allergies and the actual reaction

Substance	What actually happened	How severe	Year

4 High-risk treatments and devices

Tick all that apply and add the detail	
☐ Blood thinner (anticoagulant / antiplatelet) HIGH RISK	
☐ Insulin or other injected diabetes medicine	
☐ Dialysis — modality, schedule, unit	
☐ Dialysis access — type, side, date created DO NOT USE THIS ARM FOR BP OR IV	
☐ Kidney or other transplant — organ, year, anti-rejection drugs	
☐ Implanted device (pacemaker, valve, stent, port)	
☐ Pregnant or breastfeeding	
☐ Communication or access needs (hearing, vision, language, mobility)	

5 Baseline kidney function, if known

Usual creatinine _____ mg/dL on _____ Usual eGFR _____ on _____ Usual weight _____ kg

Usual blood pressure _____

A dated previous creatinine lets an emergency team tell a new kidney injury from a long-standing one. It is the single most useful number on this page.

6 Where the rest of my records are

Where this booklet, the paper originals, and the digital backup are kept — and who else can reach them.

Current Medical Summary (1 of 2) START HERE

What is true about me right now

Name / initials: _____ Last updated: _____

1 My three to five current concerns

#	What I have noticed	Since when	Effect on daily life
1			
2			
3			
4			
5			
6			

Describe what you observed before what you concluded. "Both ankles swelling since June 2026, worse in the evening" is more useful than "my kidneys are failing".

2 Active diagnoses and their status

Condition	Since	Status	How certain

Status: active · controlled · improving · under evaluation · in remission · resolved · uncertain. Absence of symptoms is not the same as resolution.

Current Medical Summary (2 of 2)

Recent change, function, team, and goals

Name / initials: _____ Last updated: _____

3 What changed since my last visit

4 What I can and cannot do now

Able to do without help	Needs help, or cannot do

Walking, stairs, bathing, dressing, cooking, working, sleeping, and continence are the ones clinicians ask about most.

5 My healthcare team

Professional	Specialty	Facility	Contact	Manages

6 What I am hoping for

What matters most to you — and what you are most afraid of. Clinicians use this to choose between reasonable options.

Medicines and Supplements (1 of 3) START HERE

Two columns: what was prescribed, and what you actually take

Name / initials: _____ Last updated: _____

1 Medication record

Medicine and strength	Form	Prescribed instructions	How I actually take it	Reason	Prescriber	Started	Status

2 Count everything that enters the body

Prescription medicines · over-the-counter painkillers · vitamins and minerals · herbal and traditional remedies · protein, sports and weight-loss products · injections · inhalers · eye and ear drops · creams, ointments and patches · as-needed medicines.

Status words: taking regularly · taking as needed · prescribed but not started · taking differently from prescription · temporarily withheld · discontinued · completed · unsure. Writing down doses you skip, halve, or cannot afford is a safety measure, not a confession — a doctor who believes you take a medicine you do not take will increase the dose.

Medicines and Supplements (2 of 3)

Two columns: what was prescribed, and what you actually take

Name / initials: _____ Last updated: _____

2 Medication record (continued)

Medicine and strength	Form	Prescribed instructions	How I actually take it	Reason	Prescriber	Started	Status

2 Copy from the box, not from memory

The same brand is often sold in three strengths that look nearly identical. If you are unsure, bring the container or a photograph showing the whole label, including the strength and the expiry date.

Medicines and Supplements (3 of 3)

Two columns: what was prescribed, and what you actually take

Name / initials: _____ Last updated: _____

3 Medication record (continued)

Medicine and strength	Form	Prescribed instructions	How I actually take it	Reason	Prescriber	Started	Status

2 Medication page __ of __

Notes: benefit noticed, side effect, missed doses, cost or supply problem.

Allergies, Intolerances, and Reactions START HERE

The reaction is the information

Name / initials: _____ Last updated: _____

1 Reaction record

Substance	What actually happened	How soon after the dose	Severity	Year	Treatment needed	Category

2 Which category?

Confirmed allergy	Suspected allergy	Side effect	Intolerance or unknown
Immune reaction proven or strongly typical — hives, swelling, wheeze, collapse, usually within minutes to hours.	Reaction happened but the cause was never confirmed, or several medicines were given together.	An expected, dose-related effect of the drug — nausea, dizziness, cough — not an allergy.	Poorly tolerated, or nobody could classify what happened.

"Allergic to antibiotics" is not a record. A vague label can also cause harm: most people labelled allergic to penicillin are found not to be allergic when properly assessed, and the label pushes treatment toward broader antibiotics with more side effects. Writing the exact reaction is what allows a specialist to remove a label that was never true.

3 Reaction record

Example (fictional). *Co-amoxiclav — widespread itchy hives over the trunk and swelling of both lips, about two hours after the second dose, 2019. Needed an injection at the emergency room and overnight observation. Category: confirmed allergy.*

Important Previous Medicines

Medicines stopped for a reason that still matters

Name / initials: _____ Last updated: _____

1 Stopped medicines

Medicine and strength	What it was for	Date stopped	Why it was stopped	Who advised stopping

2 Reasons worth recording

Allergy or serious reaction · kidney injury · bleeding · blood pressure dropping too far · abnormal potassium or sodium · liver injury · pregnancy · treatment failure · interaction with another drug · cost or supply · a deliberate change of plan by your clinician.

Without this page, a future clinician cannot tell whether a medicine is missing because it harmed you or because someone forgot to renew it.

Lifetime Medical Timeline (1 of 3) START HERE

Oldest first. One line per event.

Name / initials: _____ Last updated: _____

1 Timeline

Date	Event	Important finding	Treatment or procedure	Why it still matters	Source

2 What belongs here

Major diagnoses · admissions and emergency visits · operations and procedures · pregnancies and complications · serious infections · blood transfusions · fractures and major injuries · start of dialysis · transplant · stroke, heart attack, clots and stents · cancer and its treatment · serious drug reactions · large unexplained weight change · any stay in intensive care.

If a date is uncertain write “approximately 2019”. An honest estimate is usable; invented precision is not.

3 A dated event looks like this

Example (fictional). *Approximately 2019 — admitted five days for severe dengue. Platelets fell to 28,000; given fluids only, no transfusion. Creatinine rose to 2.1 mg/dL during the stay and returned to 1.0 mg/dL the following month. Source: discharge summary, ABC Medical Center. The exact admission date has not been recovered, so the year is written as approximate.*

Lifetime Medical Timeline (2 of 3)

Oldest first. One line per event.

Name / initials: _____ Last updated: _____

2 Timeline (continued)

Date	Event	Important finding	Treatment or procedure	Why it still matters	Source

Lifetime Medical Timeline (3 of 3)

Oldest first. One line per event.

Name / initials: _____ Last updated: _____

3 Timeline (continued)

Date	Event	Important finding	Treatment or procedure	Why it still matters	Source

Hospitalizations and Procedures (1 of 2)

One block per admission or procedure

Name / initials: _____ Last updated: _____

1 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

2 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

3 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

4 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

Hospitalizations and Procedures (2 of 2)

One block per admission or procedure

Name / initials: _____ Last updated: _____

1 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

2 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

3 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

4 Admission or procedure

Field	Entry	Field	Entry
Facility		Dates	
Reason for admission		Main diagnosis	
Procedures or operations		Complications	
Medicines started or stopped		Follow-up arranged	

Symptom Journal (1 of 3)

DATE–SYMPTOM: date, area, type, evolution, severity, yielding factors, measurements, other findings, possible trigger, management

Name / initials: _____ Last updated: _____

1 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

2 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

3 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

4 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

4 A usable entry looks like this

Example (fictional). *24 Aug 2026, 8:00 PM — burning on urination began gradually. Passed urine seven times overnight with urgency, no visible blood. Temperature 37.8 °C. Took paracetamol 500 mg at 10:00 PM; the fever settled but the burning was still present next morning. Nothing new eaten; no new medicine started.*

Symptom Journal (2 of 3)

DATE–SYMPTOM: date, area, type, evolution, severity, yielding factors, measurements, other findings, possible trigger, management

Name / initials: _____ Last updated: _____

1 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

2 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

3 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

4 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

Symptom Journal (3 of 3)

DATE–SYMPTOM: date, area, type, evolution, severity, yielding factors, measurements, other findings, possible trigger, management

Name / initials: _____ Last updated: _____

1 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

2 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

3 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

4 Entry

Date and time		**Area of the body**	
What it felt like		**Sudden or gradual**	
Severity and how long		**Better or worse with**	
Measurements taken		**Other findings**	
Possible trigger		**Effect on daily life**	
What I did, and what happened next			

Home Monitoring (1 of 3)

Blood pressure and pulse

Name / initials: _____ Last updated: _____

1 Blood pressure log

Date	Time	Systolic	Diastolic	Pulse	Position and rest before	Relation to medicines	Symptoms at the time

2 How to make the numbers mean something

Sit quietly for five minutes first, back supported, feet flat, arm at heart level, cuff on bare skin. Record the reading you dislike as faithfully as the one you like — a log containing only good days is worse than no log, because it will be believed.

Home Monitoring (2 of 3)

Blood sugar

Name / initials: _____ Last updated: _____

1 Blood glucose log

Date	Time	Result and unit	Before or after a meal	Hours since eating	Medicine or insulin taken	Symptoms

2 Low blood sugar episodes

Date and time	Lowest reading	Symptoms	What you did	How long to recover

Home Monitoring (3 of 3)

Weight, swelling, temperature, and oxygen

Name / initials: _____ Last updated: _____

1 Weight and swelling

Date	Weight and unit	Same scale and clothing?	Swelling: none / ankles / legs / abdomen / face	Breathlessness lying flat?

2 Temperature and oxygen, when asked for

Date and time	Temperature	Oxygen saturation	Device used	Symptoms

3 Fluid and urine, only if your clinician asked you to track them

Date	Fluid taken in	Urine passed out	Notes

Laboratory Trends (1 of 3)

Kidney function and urine

Name / initials: _____ Last updated: _____

1 Kidney and urine tests

Date	Test	Result	Unit	Laboratory reference range	Fasting?	Treatment change near this date

Creatinine · eGFR · urea · urine albumin-to-creatinine ratio · urine protein · urinalysis · potassium · sodium · bicarbonate.

2 Copy the units and the reference range

Laboratories differ, and a value stripped of its unit and range cannot be compared to anything. Copy the normal results too — a normal potassium recorded the week a new medicine started is exactly what proves the medicine was safe to continue.

3 A usable result looks like this

Example (fictional). *15 Aug 2026 — creatinine 1.8 mg/dL (laboratory reference range 0.6–1.1), non-fasting. Two weeks after a hospital admission for pneumonia; a diuretic was increased on 2 Aug. Previous value 1.2 mg/dL on 11 Mar 2026 at the same laboratory.*

Laboratory Trends (2 of 3)

Blood sugar, lipids, blood count, and liver

Name / initials: _____ Last updated: _____

1 Metabolic and blood tests

Date	Test	Result	Unit	Laboratory reference range	Fasting?	Treatment change near this date

HbA1c · fasting glucose · total cholesterol, LDL, HDL, triglycerides · hemoglobin · white cell count · platelets · ferritin and transferrin saturation · albumin · liver enzymes.

Laboratory Trends (3 of 3)

Bone and mineral, thyroid, and disease-specific monitoring

Name / initials: _____ Last updated: _____

1 Other monitored tests

Date	Test	Result	Unit	Laboratory reference range	Fasting?	Treatment change near this date

Calcium · phosphorus · parathyroid hormone · vitamin D · thyroid tests · uric acid · drug levels · anything your clinician repeats on a schedule.

2 Ask for the trend, not the single value

Bring one older result alongside the newest one. A clinician can interpret a direction far more confidently than a point.

Imaging, Pathology, and Procedures (1 of 2)

Record the report's own impression, not your reading of the picture

Name / initials: _____ Last updated: _____

1 Study record

Date	Study or procedure	Body area	Key impression in the report's own words	Facility	Ordered by	Recommended next step	Where the original is

2 Preserve the impression

Ultrasound, computed tomography, magnetic resonance imaging, and biopsy reports all carry a formal impression written by a specialist. That sentence is the finding. Photographs of the images themselves are of very limited use without it, and reinterpreting them yourself is how a benign result becomes a frightening one.

Imaging, Pathology, and Procedures (2 of 2)

Record the report's own impression, not your reading of the picture

Name / initials: _____ Last updated: _____

1 Study record (continued)

Date	Study or procedure	Body area	Key impression in the report's own words	Facility	Ordered by	Recommended next step	Where the original is

Family History

Relative, condition, and approximate age at diagnosis

Name / initials: _____ Last updated: _____

1 Family conditions

Condition	Which relative	Age at diagnosis, if known
Kidney disease or dialysis		
High blood pressure		
Diabetes		
Heart attack or stroke before age 55 (men) / 65 (women)		
Cancer — which type		
Autoimmune disease		
Blood disorders		
Sudden unexplained death		
Known inherited condition		
Other		
Other		
Other		
Other		

2 Notes on family history

Anything the table above cannot hold — a pattern across several relatives, an inherited condition confirmed by testing, or a family member whose diagnosis was never confirmed.

Lifestyle, Work, and Exposures

Honest answers support safety; they are not moral judgments

Name / initials: _____ Last updated: _____

1 Daily life

Occupation and workplace exposures	
Smoking or vaping — current, past, never; how much	
Alcohol — type, how much, how often	
Other substances	
Who you live with, and who helps with care	
Usual diet, and any food you cannot get or afford	
Physical activity and sleep	
Recent travel, flooding, or animal contact	
Barriers — cost, transport, reading, distance to the clinic	
Water source and food preparation at home	
Vaccinations received, and when	
Anything else you want your clinician to know	

2 Why the last line matters

A treatment plan you cannot reach, afford, or read is not a treatment plan. Saying so allows your clinician to choose a different one rather than assuming the first one is working.

3 Notes

Document Archive

Ten folders, one filename rule

Name / initials: _____ Last updated: _____

1 Folder checklist

Folder	Where it is kept (drawer, envelope, phone folder, cloud)
☐ 1. Current medical summary	
☐ 2. Current prescriptions	
☐ 3. Laboratory results	
☐ 4. Imaging reports	
☐ 5. Hospital and emergency records	
☐ 6. Operative and procedure reports	
☐ 7. Pathology and biopsy reports	
☐ 8. Vaccination records	
☐ 9. Specialist notes and referrals	
☐ 10. Insurance and administrative documents	

2 Name every file the same way

YYYY-MM-DD - Document type - Facility or doctor - Topic

Example: 2026-08-15 - Laboratory - ABC Medical Center - Creatinine and Urinalysis.pdf

Sorting by name then sorts by date automatically. A photograph is acceptable only if the whole page is visible — your name, the date, the units, and the reference range. A cropped screenshot of one abnormal line is the most common unusable document a patient brings.

3 Backup and access

Where the paper originals are kept	
Where the digital backup is kept	
One trusted person who can reach these records in an emergency	
What that person needs to know to open them	

Share only the part that is needed. Remove financial and identification numbers from routine copies, never post an identifiable report publicly, and confirm the recipient before you send anything. In the Philippines your health information is personal data protected under the Data Privacy Act of 2012; to correct an error in an official record, ask the institution that created it.

Before the Consultation

Fifteen minutes the night before

Name / initials: _____ Last updated: _____

1 Checklist

- ☐ Updated the “how I actually take it” column
- ☐ Packed the boxes or full-label photographs of anything I am unsure about
- ☐ Wrote my main reason in one sentence, with a date
- ☐ Listed my three questions in order of importance
- ☐ Gathered recent results plus one older result for comparison
- ☐ Noted every medicine started, missed, withheld, or changed since the last visit
- ☐ Brought discharge instructions if I have been in hospital
- ☐ Arranged for someone to come with me, if memory, hearing, vision, language, or mobility could get in the way

2 My opening sentence

Write it out and say it once before you go in.

Example (fictional). *“I am here because my leg swelling has been getting worse for two weeks. I have high blood pressure, diabetes, and kidney disease. My creatinine went from 1.2 to 1.8 after my hospital stay in June. Here are my current medicines and my complete laboratory reports.”*

3 What I am bringing today

Item	Notes
☐ This booklet	
☐ Medicine boxes or full-label photographs	
☐ Most recent laboratory results	
☐ One older result for comparison	
☐ Imaging or pathology reports	
☐ Discharge summary from my last admission	
☐ Referral letter	
☐ Insurance or PhilHealth documents	

Anything else to remember to bring or to ask about.

My Questions START HERE

Three questions, in order of importance

Name / initials: _____ Last updated: _____

1 Questions I want answered today

#	My question	The answer I was given
1		
2		
3		
4		
5		
6		
7		
8		

2 Questions you should be ready to answer

Anything you want to say but are afraid you will forget once the consultation starts.

What brought you in today? · When were you last at your usual state of health? · Which symptom came first? · What changed just before it began? · Has this happened before? · What treatment helped or failed? · What are you actually taking? · Which doses have you missed or changed? · What allergies or serious reactions have you had? · Who else manages your care? · What admissions or procedures have you had? · Which diseases run in your family? · Do you smoke, vape, drink, or use other substances? · What supplements or herbal remedies do you take? · How have appetite, weight, sleep, activity, bowels, and urination changed? · What is your main worry? · What are you hoping for?

After-Visit Record

Five lines written in the corridor beat a perfect memory a month later

Name / initials: _____ Last updated: _____

1 Visit record

Date and clinician	
What they think is going on	
Tests ordered, and why	
Medicines changed — started, stopped, dose up or down	
Warning signs that should bring me back	
Next visit	

2 Visit record

Date and clinician	
What they think is going on	
Tests ordered, and why	
Medicines changed — started, stopped, dose up or down	
Warning signs that should bring me back	
Next visit	

3 Visit record

Date and clinician	
What they think is going on	
Tests ordered, and why	
Medicines changed — started, stopped, dose up or down	
Warning signs that should bring me back	
Next visit	

Review and Verification Log

Date every update and name who supplied the information

Name / initials: _____ Last updated: _____

1 Review log

Date reviewed	Section reviewed	Who reviewed it	What was corrected	Still needs checking	Next review due

2 Update the booklet whenever

A medicine is started, stopped, adjusted, or taken differently · after any admission or emergency visit · after a new diagnosis, operation, or procedure · after a serious reaction · after any result that changes the plan · before a major consultation · at least every six months when stable · monthly while treatment is actively changing.

Add-on: Kidney Disease

Complete only if you have been told you have kidney disease

Name / initials: _____ Last updated: _____

1 Kidney record

Baseline creatinine and date		**Baseline eGFR and date**	
Cause of kidney disease, if known		**Stage, if you were told**	
Urine albumin or protein result and date		**Blood in the urine?**	
Kidney ultrasound or biopsy — date and impression			
Kidney stones — when, which side, treatment			
Painkillers, herbal or traditional remedies, contrast dye, or strong antibiotics you have taken			
Medicines you were told protect the kidney, and who started them			
Targets you were given — blood pressure, blood sugar, potassium, phosphorus			
What you were told about how fast your kidney function is changing			

2 My sick-day rule

Ask your clinician which medicines to pause during vomiting, diarrhea, or fever — and when to restart them. Write their answer here, in their words.

Do not create your own sick-day rule from this page. Which medicines to hold, and for how long, depends on your kidney function, your blood pressure, and the illness itself. Ask, then write the answer down.

Add-on: Dialysis and Transplant

Complete only if this applies to you

Name / initials: _____ Last updated: _____

1 Dialysis

Modality and schedule		**Unit and contact**	
Dry weight and date last reassessed		**Usual session length**	
Access type, side, and date created		**Residual urine per day**	
Access problems — infection, clotting, procedures			
Usual problems during or after a session			

Write your access arm clearly on the emergency summary. No blood pressure cuff, no blood draw, and no drip should be placed in that arm.

2 Transplant

Organ and year		**Transplant center**	
Anti-rejection medicines and doses			
Rejection episodes or major infections			
Drug levels monitored, and how often			
Vaccinations given before or after transplant			

3 Notes for my next dialysis or transplant visit