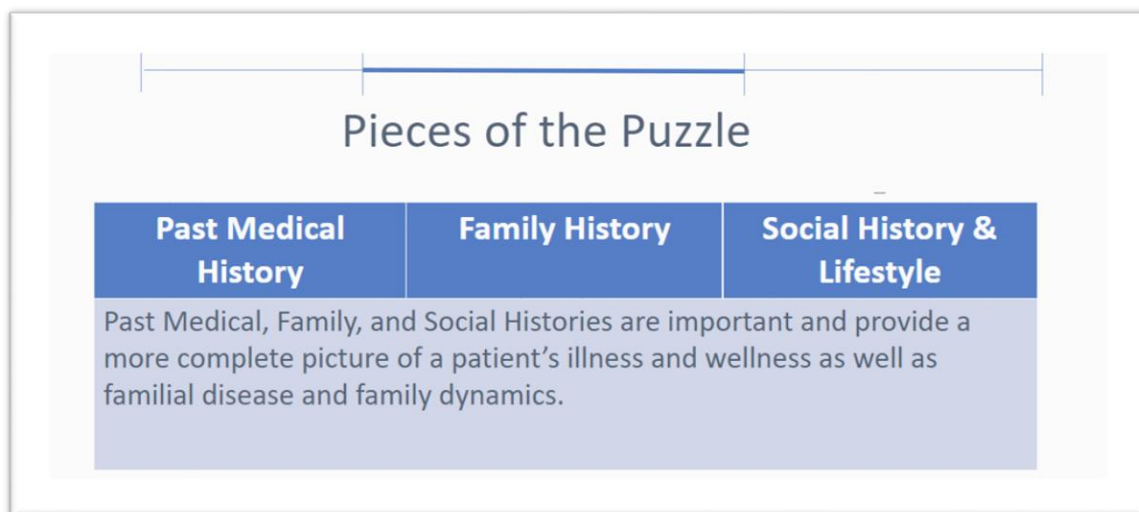


My Health Picture: Fill In Your Puzzle Pieces

How to use this worksheet: All parts of your life can impact why you are feeling a certain way during your visit. Anything from your medications, previous health experiences, your family history of illness, and/or your lifestyle can impact your current illness; can be the reason why you are feeling the way you are feeling today. Doctors will explore these areas of your life if they feel they may be the cause of or have an impact on your current illness. The more awareness you have of these areas, the more efficient and accurate your visit will be. If you watched Video 1 of the full Better MED Visit course, you would understand that these are the puzzle pieces that make up the completed (or incomplete) picture of your visit.

I recommend you spend time filling in this worksheet. You should have awareness of your full health picture. However, if you are overwhelmed by the thought of filling this out, at a minimum, use this as a guide to think through all areas of your life that impact your health.



Your Past Medical History

The primary goal of obtaining a medical history from you is to understand your complete state of health and to determine within the history if there is anything related to the acute (current) complaint that may direct a more accurate diagnosis and plan of care. It can also guide your doctor in coming up with a treatment plan that considers previous health experiences such as how your body reacted to previous medications or treatments. It can determine whether your health is getting worse, what will go wrong and what has worked or failed in the past. It helps uncover what works best for you individually.

<p>Chronic Medical Conditions <i>Examples: Asthma? High blood pressure? Diabetes? Things you treat on an ongoing basis Etc.</i></p> <p><i>Write the age of onset/when you were first diagnosed.</i></p> <p><i>Write the name of any specialist you are seeing to help manage your medical condition.</i></p>	
<p>Medications* <i>Medication name, dosage, and for what medical condition? Side effects? Who prescribed the medication?</i></p> <p><i>Do you need a refill of any medication?</i></p>	<p>See (and complete) Separate “Medication List” Worksheet</p>
<p>Daily Supplements <i>(name and dose)</i> <i>Example: Vitamins</i></p>	

<p>Allergies <i>(name and type of reaction)</i></p>	
<p>Immunizations <i>(Name and date)</i> <i>Examples: Covid-19, Influenza (Flu), Pneumonia, Shingles, etc.</i></p>	
<p>Screenings/Preventive history <i>(name and date of last screening)</i> <i>Examples: PAP, Mammogram, Colonoscopy, Eye doctor, Dentist, Podiatrists, etc.</i></p>	
<p>Surgeries/Procedures <i>(reason and dates)</i></p>	
<p>Hospitalization <i>(reason and dates)</i> <i>Medical conditions, mental health, Injuries, accidents, etc.</i></p>	
<p>OB/GYN</p>	<p><i>First period (age):</i> <i>Menopause (age):</i> <i>Pregnancy:</i> <i>Birth control:</i> <i>Last annual visit (date):</i> <i>Last Mammogram (date):</i></p>

Your Family History

The primary goal of obtaining a family history from you is to understand your risk factors (genetic and environmental). Family history is a rich source for completing your personal database, as well as for understanding familiar health risks. It also gives your doctor an understanding of your support system.

When asked, "Tell me about any illnesses or other problems that run in your family." Think about: *diabetes, cancer, hypertension/high blood pressure, heart disease, high cholesterol, bleeding problems, anemias, kidney disease, asthma, tobacco use, drug use, alcoholism, weight problems, mental illness, symptoms like those you are currently experiencing.*

Family member	Alive or deceased	Age/Age of death	Medical condition Including age of diagnosis	Cause of death If known
<i>Example: Brother</i>	<i>Alive</i>	<i>38</i>	<i>Depression</i>	

Your Social History & Lifestyle

Social history is where providers learn about your behaviors and other personal factors that may impact disease risk, severity, and outcomes; it also helps you build a relationship with your provider as this information is often personal and sometimes sensitive.

Is there something from your history that you want to share, but are embarrassed or scared to mention? Give your provider a warning shot, “There is something I want to talk about, but I am embarrassed [fill in any emotional word] ...” Stop there and wait to see how your providers responds. Chances are they will stop what they are doing and tune in to what you are about to. They may also (and hopefully!) say something to put you at ease which will make you feel better about sharing.

Occupation/What you do for work	
Financial Situation/Health Insurance Status	
Education <i>Did you complete high school? college? etc.</i>	
Alcohol usage <i>How much? How often?</i>	
Recreational Drugs <i>Marijuana, cocaine, etc.</i> <i>How much? How often? How long ago did you start/quit?</i>	

<p>Tobacco Cigarettes? Vape? Hookah?</p> <p>How much? How often? How long ago did you start/quit?</p>	
<p>Caffeine use (How much, what type) Coffee, tea, energy drinks, etc.</p>	
<p>Safety seatbelts, smoke detectors, safe gun storage, etc.</p>	
<p>Marital status</p>	
<p>Who lives at home Do you feel safe at home?</p>	
<p>Support system</p>	
<p>Sexual orientation</p>	
<p>Are you sexually active? Birth control? (type)</p>	
<p>STI/STD Prevention Do you use Protection when sexually active?</p> <p>Have you ever been tested for an STI? (last test date)</p> <p>Have you ever had an STI? (name, age)</p>	

<p>Diet (<i>Describe diet</i>) Examples: Eat lots of fruits/vegetables, fast food, drink lots of water, drink sugary drinks, etc.</p>	
<p>Exercise (<i>type, how often</i>)</p>	
<p>Hobbies</p>	
<p>Travel <i>Have you traveled outside of the country in the past 12 months? where?</i></p>	
<p>Religion/Spirituality</p>	
<p>Sleep habits <i>How many hours of sleep? Do you have trouble falling asleep? Do you have trouble staying asleep, etc.</i></p>	
<p>Functional status <i>Dressing, bathing, feeding, working, shopping, cooking, driving, etc.</i></p>	
<p>Other <i>Example: did you fall in the past 12 months?</i></p>	