

Follow Up Appointments

My next primary care and specialist appointments are:

Date: _____

Doctor's name: _____

Address: _____

Phone: () _____

Questions: _____

Date: _____

Doctor's name: _____

Address: _____

Phone: () _____

Questions: _____

Date: _____

Doctor's name: _____

Address: _____

Phone: () _____

Test and Lab Appointments:

Date: _____ Place: _____

Date: _____ Place: _____

Your Information

Your Name: _____

Your SCAN Member ID#: _____

Your Address: _____

Your Home Phone: () _____

Your Birth Date: _____

Important Contacts

Caregiver/Family:	
Phone number:	

Specialist:	
Phone number:	

Specialist:	
Phone number:	

Pharmacy:	
Phone number:	

Home Health:	
Phone number:	

Durable Medical Equipment (DME):	
Phone number:	

Independent Living Power® Personal Care Planner®:	
Phone number:	

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Personal Health Record



This record is to help you manage your transition from a hospital or skilled nursing facility to home.

If you have any questions or concerns, call your doctor:

Your doctor: _____

Phone: () _____

Your SCAN transition coach: _____

Phone: () _____

or call **SCAN toll-free at 1-800-247-5091.**



SCAN OnCall® 1-800-793-1717

(24-hour nurse advice line)

In a medical emergency, call 911.



Member Services 1-800-559-3500

TTY Users: 1-800-735-2929

7:00 a.m. - 8:00 p.m., seven days per week

Remember!

Bring these items to your next doctor's appointment:

- Your hospital discharge instructions
- All old and new medications
- Five Wishes, durable power form



List Recent Hospital and Nursing Home Stays

Date Admitted:		Date Discharged:	
Reason:			
Date Admitted:		Date Discharged:	
Reason:			
Date Admitted:		Date Discharged:	
Reason:			

Do you have an Advance Directive (a document that states your preferences for care if you cannot speak for yourself)? Yes No

Medical History

- | | |
|--|---|
| <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Heart failure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Abnormal heart beat | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung disease |
| <input type="checkbox"/> Fractures (broken bones) | <input type="checkbox"/> Medical back condition |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Hardening of the arteries | <input type="checkbox"/> Stroke/TIA (mini stroke) |
| <input type="checkbox"/> Heart disease | |

Other (describe): _____

Notes for Your Doctor

Talk to your doctor about these things at your next visit.

- ▶ Am I up to date on preventive care vaccines (pneumonia, flu)?
- ▶ Review Five Wishes health care directive with your doctor.
- ▶ Questions about my care?

- ▶ Should I be in a disease management program?

Care Instructions After Returning Home

Warning signs

- ▶ Ask the doctor about potential warning signs you should watch for at home.
- ▶ Call your doctor if you have:

Know your medications when you leave the hospital

- ▶ Update the form called My Medication List, with all medications, vitamins and herbal formulas. Show it to your doctor.
- ▶ Ask the nurse what medications you should take when you leave the hospital.

Questions for Your Next Doctor's Visit:
