PERSONAL HEALTH RECORD FOR:

Name: _______________________________________

Medical Record Number: _____________________

Insurance Provider(s)/Policy Number(s):
Primary: _______________________________________
Secondary: _______________________________________
Other: _______________________________________

Additional Information:
______________________________________________
______________________________________________
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HOW TO USE THIS BINDER

This binder was designed by the Amyloidosis Foundation staff, a team who strive to make caregiving easier for caregivers and patients.

Keep documents in one location

- Medical Records
- Medication Information
- Medical History
- Lab Results
- Appointments
- Your Questions
- Notes from the doctor
- Information, business cards and handouts

Take It, Share It, Use It

- Take it with you to doctor’s appointments
- Share it with other caregivers and loved ones
- Use it to make caregiving easier and more effective

Suggestions From Other Caregivers

- Move pages and sections to fit your needs
- Use pockets in the ‘Medications’ section for information you receive from the pharmacy
- Use the calendar to keep track of appointments and when to order medications and medical supplies
- Use a plastic business card sleeve to hold business cards. You may also write notes on the front/back of the cards
- Buy a small blank notebook to keep a daily journal of important events, milestones, and issues you and the patient may encounter. Keep it with the binder or slide it in a pocket.

Questions?
Contact the Amyloidosis Foundation
Email: info@amyloidosis.org Phone: (877) 269-5643