

# My Health, My Voice: My Personal Health Journal

## Keep track of my:

- Health goals
- Family health history
- Medications
- Health providers
- ...and much more!



# My Health, My Voice resources

## More help is available.

Write in here the name of the group that gave you this booklet, or a group they recommend, for answers to specific questions you may have about your health insurance.

---

---

---



To view this journal on line or learn how to use your health insurance, scan this code with your phone, or visit [MyHealthMyVoice.com](http://MyHealthMyVoice.com).

To order copies of this journal, or find a group distributing it near you, email [info@RaisingWomensVoices.net](mailto:info@RaisingWomensVoices.net) or call 212-870-2010.

# My Health, My Voice: My Personal Health Journal

By

Amy Zarin

Outreach Fellow

Raising Women's Voices-NY  
&

Lois Uttley

Co-founder

Raising Women's Voices

Original concept & design by

Enrica Beccalli

Visual Designer and Fulbright Scholar

Additional design by

Brucie Rosch, Graphic Artist

**A Project of Raising Women's Voices  
for the Health Care We Need with  
Parsons The New School for Design and  
the Ms. Foundation for Women**

**Additional funding support provided by:  
The Alki Fund of the Rockefeller Family Fund  
The General Services Foundation  
The Ford Foundation  
The David and Lucille Packard Foundation  
Katherine S. Villers**

January 2016

# GET THE MOST OUT OF YOUR NEW HEALTH INSURANCE.

Health insurance is not just for when you're sick. It's also to help you improve your health and manage any chronic conditions you may have.



**Make your health  
a priority.**

Your health matters because you matter. If you can't do it for yourself, do it for the people who count on you – whether it's your kids, your partner, your parents or your friends.

# Table of Contents

<u>Why is your health important to you?</u>	3
<u>Envision a healthier you</u>	4
<u>Who can help you be healthier?</u>	5
<u>Your primary care provider is your #1 health supporter</u>	6
<u>What are your health goals?</u>	7-8
<u>Do you have any health concerns?</u>	9
<u>Learn your health history and your family's health history</u>	10
<u>My health story</u>	11-12
<u>My family's health story</u>	13-15
<u>Doctor visit checklist</u>	16
<u>Where I get my health care</u>	17-19
<u>My children's doctors</u>	20
<u>My partner's doctors</u>	21
<u>My notes</u>	22-25
<u>About Raising Women's Voices</u>	26



# Why is your health important to you?

My health matters to me. I deserve to be healthier because:

---

---

---

---

---



**There are people in my life who need me.**

I want to be as healthy as I can be for these people:

---

(name)

---

(name)

---

(name)

---

(name)

## Envision a healthier you.

Getting or staying healthier takes effort. You're going to have to make the time in your already busy life to take care of your health. But, it is worth it!

Take a moment to imagine how your life would be different if you were healthier. What would you do? How would you feel? For example, would you be able to run for the bus without getting out of breath? Would you have more energy for work?

Complete the sentences below. You can also paste in pictures that inspire you to be healthier.

If I were healthier I would be more likely to:

---

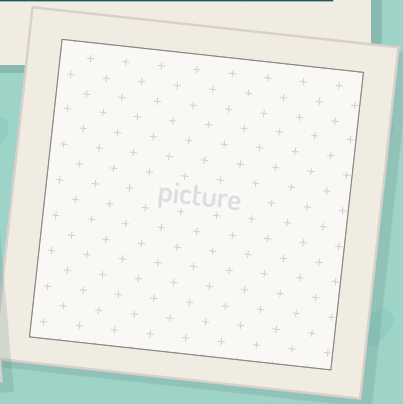
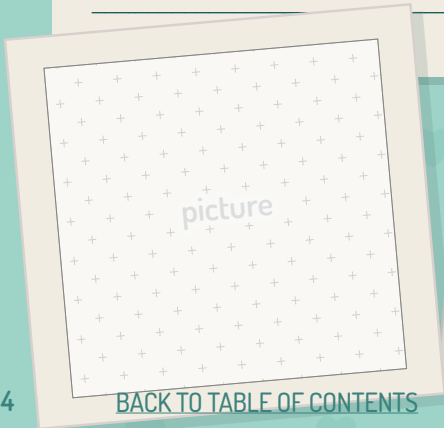
---

I would feel: \_\_\_\_\_

---

---

---





## Who can help you be healthier?

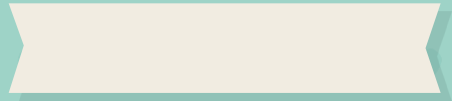
Staying on top of your health is ultimately up to you. But, you don't have to go it alone. Choose one or more people to be your supporters as you work to get healthier. They should be people who are supportive of you that you talk to or see regularly. For example, you could choose your friend, sister or mother.

List your supporters here. Paste in photos if you have them.



## Your primary care provider is your #1 health supporter.

One of the first things you should do when you get your insurance card is choose a primary care provider who is “in your health plan” or “in network.” Your primary care provider can be a doctor, a nurse practitioner or physician assistant who takes your insurance. To keep things simple, we will just say doctor in this journal.



Your primary care provider's name


Each year you should schedule a free check-up called a “well-woman visit” with your doctor. During your well-woman visit you and your doctor will discuss your health history and goals. You can prepare by completing the activities in this journal. Then bring the journal with you when you go to the doctor.



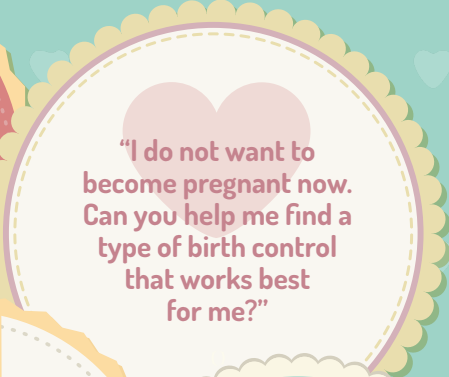
Not sure what a “well-woman visit” is?  
Need to choose a doctor who takes your insurance? Find answers at **MyHealthMyVoice.com**.

## What are your health goals?


When you go to visit your new doctor for the first time, ask for help in reaching your goals. Here are some examples of personal health goals. Feel free to pick one or more of these, or write your own in the space provided on the next page.




"I want to become pregnant in the next year and have a healthy pregnancy. What should I do to get ready?"




"I do not want to become pregnant now. Can you help me find a type of birth control that works best for me?"



"I'm concerned about my weight and want to know the best way to lose a few pounds safely."



"I've been feeling really depressed lately. Is there anything that could help me?"



"I've been trying to quit smoking, but it's very hard. Can you help me quit for good?"

Write your personal goals in the space below.

**My goal:**

---

---

---

**My goal:**

---

---

---

---

**My goal:**

---

---

---

---

## Do you have any health concerns?

Make sure to tell your doctor about any health concerns you have. For example, maybe you are having trouble sleeping, or you sometimes feel out of breath.

Make a list here of any health concerns you want to ask about during your appointment.

### My health concerns:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Learn your health history and your family's health history.

Your primary care provider will decide which tests you need based upon your age, your own health (such as whether you have diabetes or HIV) and your family's health history. She or he will ask you lots of questions during your first visit. Get ready to answer them by filling out "My Health Story" on pages 11-12 and "My Family's Health Story" on pages 13-15 of this booklet. You may need to call people in your family to ask them about what medical conditions they have had, and what illnesses you had as a child.



Make a list here of the people you need to call to complete your "My Health Story" and "My Family's Health Story."


# My Health Story

Fill in the information below. You will need it when you visit your new doctors.

When were you born?  
(month/day/year)

--	--	--

List any childhood illnesses you had, such as mumps, measles or chicken pox.

<hr/> <hr/> <hr/> <hr/>
-------------------------

What vaccinations or shots have you had, such as for tetanus or HPV?

<hr/> <hr/> <hr/> <hr/>
-------------------------

Check off any serious health conditions you have had as an adult.

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Colon cancer
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Breast cancer
<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Ovarian cancer
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Other

Have you had any surgeries?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

If yes, what were they for?

<hr/> <hr/> <hr/> <hr/>
-------------------------

# My Health Story

Write down any medicines or supplements you are taking. Include the name of the medicine listed on the bottle and the dose, like 10 mg pill to be taken 2 times a day.

Name of medicine or supplement	Dose
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you given birth?

Number of births

How many of them were C-sections?

What kind of birth control method are you presently using (if any)?

Do you smoke cigarettes?

 No Yes

If yes, how many packs a day?

Do you drink alcohol?

 No Yes

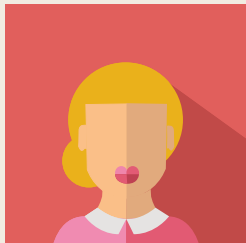
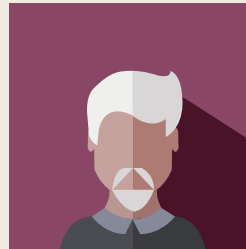
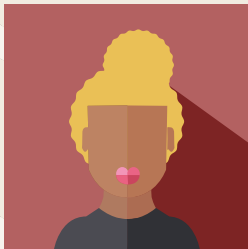
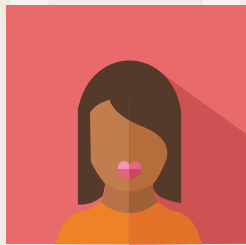
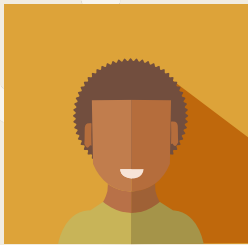
If yes, If yes, how many drinks a week?



# My Family's Health Story

Fill out the chart with all the information you can get by talking to other family members. Health conditions to ask about include these:

- Diabetes
- Asthma
- Heart disease
- Stroke
- Colon cancer
- Breast cancer
- Ovarian cancer



# My Family's Health Story

<b>Family</b> (related by blood only)	<b>Relative's name</b>	<b>Relationship to you</b>
<b>Immediate</b> (your brothers, sisters, your parents, your children)		
<b>Mother's</b> (her father, her mother, her sisters, her brothers)		
<b>Father's</b> (his father, his mother, his sisters, his brothers)		

<b>Health condition</b>	<b>Age at diagnosis</b>	<b>Living?</b> (yes or no)	<b>Age at death</b>

## What to bring when you go to the doctor

Before you go to your well-woman visit, or any other doctor appointment, look over this checklist to make sure you have everything you need:

### Doctor visit checklist

Bring this journal so you have:

- A list of health goals and concerns to discuss with your primary care provider.
- Your own health story and your family medical history.
- A place for taking notes during the visit.

Also bring:

- Packages or bottles of medication you are taking.
- Your calendar, in case you need to schedule other doctor appointments or tests.
- Optional: your health supporter, a person you trust to go with you to the doctor.

## Where I get my health care

Fill in the spaces below. Then you will have all the information you need about your new health care providers in one place. .

**My primary care provider** (doctor or physician's assistant or nurse practitioner)

Name

Address

Phone number

Days/hours when  
the office is open

**My women's health provider** (obstetrician/gynecologist or nurse practitioner or family planning clinic)

Name

Address

Phone number

Days/hours when  
the office is open

# Where I get my health care (cont.)

## My specialists (for example, allergist or cardiologist)

### Specialist

Name

Address

Phone number

Days/hours when  
the office is open

### Specialist

Name

Address

Phone number

Days/hours when  
the office is open

## My drug store or pharmacy

Name

Address

Phone number

Days/hours when  
it is open

## Where I get my health care (cont.)

**My urgent care center** (for when you are hurt or sick and your doctor’s office is closed. First check with your health plan that the urgent care center is “in-network.”)

Name of nearest urgent care center that is in my plan

Address

Phone number

**My hospital emergency room** (for life-threatening emergencies you can go to the nearest E.R.)

Name of nearest hospital emergency room (for emergencies only)

Address

Phone number

**My dentist** (check to make sure you have dental coverage)\*

Name

Address

Phone number

Days/hours when the office is open

\*Not all health plans include dental coverage.

# My children's doctors

## Pediatrician

Name

Address

Phone number

Days/hours when  
the office is open

## Children's dentist

Name

Address

Phone number

Days/hours when  
the office is open



# My partner's doctors

## My partner's primary care provider

Name

Address

Phone number

Days/hours when  
the office is open

## My partner's specialist

Name

Address

Phone number

Days/hours when  
the office is open

## My partner's dentist

Name

Address

Phone number

Days/hours when  
the office is open

# My notes

Use this space to take notes during visits to doctors or other health service providers. If you go for tests like a mammogram or ultrasound, you can write down how you should get your results.

## My notes:

Name of health care provider: \_\_\_\_\_

Date of visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone number: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





**My notes:**

**Name of health care provider:** \_\_\_\_\_

**Date of visit:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Phone number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**RAISING  
WOMEN'S  
VOICES**  
for the health care  
we need

## About RAISING WOMEN'S VOICES

Raising Women's Voices is a national initiative working to make sure women's voices are heard and our concerns are addressed as the Affordable Care Act (ACA) is implemented. Raising Women's Voices (RWV) was co-founded in 2007 as a collaboration of the MergerWatch Project of Community Catalyst, the National Women's Health Network and the Black Women's Health Imperative. Visit our website at [www.RaisingWomensVoices.net](http://www.RaisingWomensVoices.net).

# Raising Women's Voices Regional Coordinators

## **ARIZONA**

Arcoiris Liberation Team  
Arizona Queer Undocumented Immigrant  
Project (AZ QUIP)

## **ARKANSAS**

Planned Parenthood of the Heartland

## **CALIFORNIA**

Access Women's Health Justice  
California Latinas For Reproductive Justice

## **COLORADO**

Colorado Organization For Latina Opportunity  
And Reproductive Rights

## **CONNECTICUT**

Planned Parenthood of Southern New England

## **GEORGIA**

Feminist Women's Health Center

## **ILLINOIS**

EverThrive Illinois

## **IOWA**

Planned Parenthood of the Heartland

## **KENTUCKY**

Kentucky Health Justice Network

## **LOUISIANA**

The Institute Of Women and Ethnic Studies  
Women With A Vision

## **MAINE**

Consumers For Affordable Health Care

## **MARYLAND**

Maryland Women's Coalition For  
Health Care Reform

## **MASSACHUSETTS**

NARAL Pro-Choice Massachusetts

## **MICHIGAN**

Enroll Michigan

## **MINNESOTA**

NARAL Pro-Choice Minnesota

## **MISSISSIPPI**

Mississippi In Action

## **MONTANA**

Montana Women Vote

## **NEW JERSEY**

New Jersey Citizen Action

## **NEW MEXICO**

New Mexico Religious Coalition  
For Reproductive Choice

## **NEW YORK**

Raising Women's Voices-NY

## **OREGON**

Oregon Foundation for Reproductive Health

## **PENNSYLVANIA**

New Voices Pittsburgh  
Women's Way

## **RHODE ISLAND**

Planned Parenthood  
of Southern New England

## **TENNESSEE**

SisterReach

## **TEXAS**

The Lesbian Health Initiative of Houston, Inc  
Afiya Center

## **WASHINGTON**

Northwest Health Law Advocates

## **WEST VIRGINIA**

WVFREE

## **WISCONSIN**

Wisconsin Alliance For Women's Health



**RAISING  
WOMEN'S  
VOICES**

for the health care  
we need