

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.

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

My Health, My Voice: My Personal Health Journal

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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.

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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.

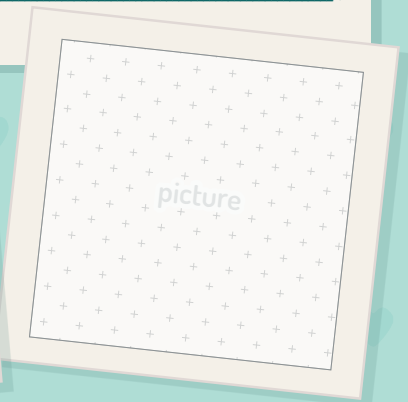
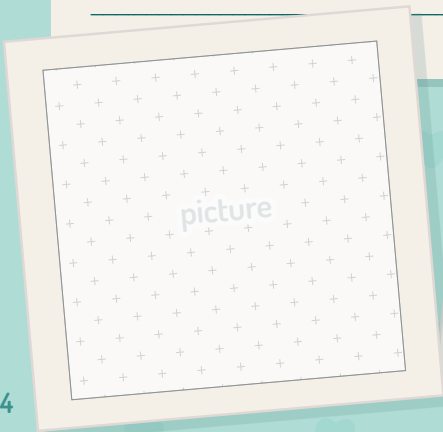
Getting or staying healthier takes effort. You're going to have to make the time in your already busy life to take care of your health. But, it is worth it!

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:

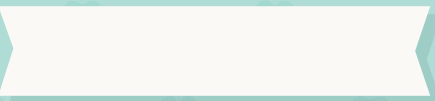
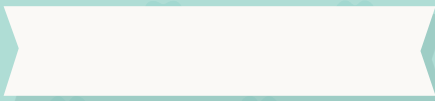
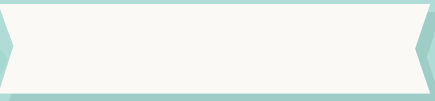
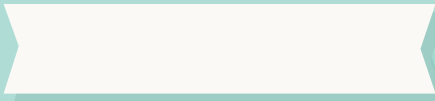
I would feel: _____



Who can help you be healthier?

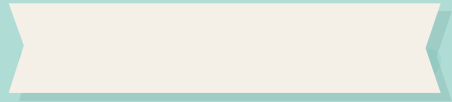
Staying on top of your health is ultimately up to you. But, you don't have to go it alone. Choose one or more people to be your supporters as you work to get healthier. They should be people who are supportive of you that you talk to or see regularly. For example, you could choose your friend, sister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



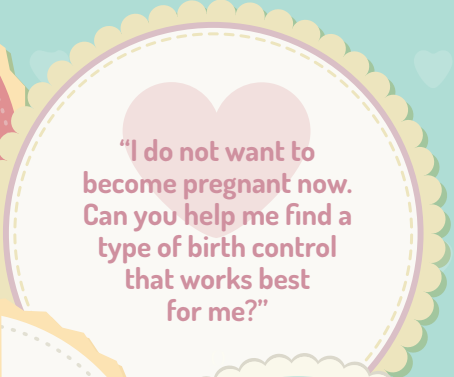
Not sure what a “well-woman visit” is?
Need to choose a doctor who takes your insurance? Find answers at **MyHealthMyVoice.com.**

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.



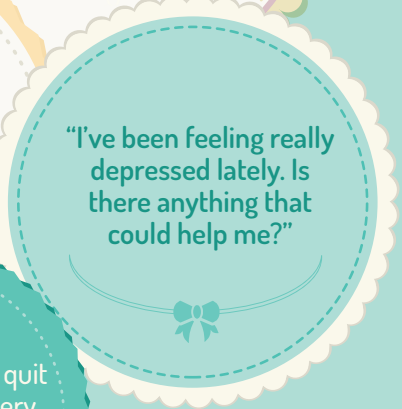
"I want to become pregnant in the next year and have a healthy pregnancy. What should I do to get ready?"




"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:

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

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?

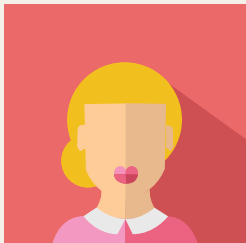
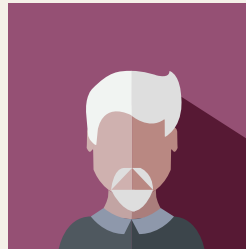
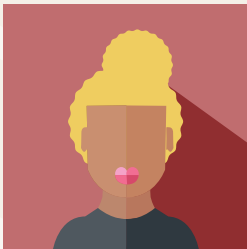
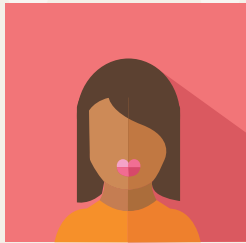
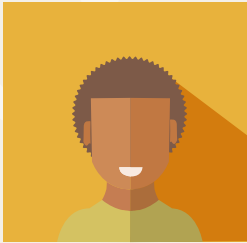
 No Yes

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

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



Health condition	Age at diagnosis	Living? (yes or no)	Age at death

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:** _____

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.

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



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