

Welcome to Your Shared Care Plan



What is the Shared Care Plan?

The Shared Care Plan is a free, online health record that makes it easy to organize, store, and share your health information. Your Shared Care Plan can be reached securely from any computer with internet access. For more information about the Shared Care Plan please visit www.SharedCarePlan.org or call (360) 671-6800.

How do I begin?

This is a great way to get you started. You may keep your information in this paper version, but it is easiest to keep it updated online. We encourage you to visit our website at www.SharedCarePlan.org for more information.

You may register online and enter the information you gathered on these forms, or bring them to the Shared Care Plan office at 625 Cornwall Avenue, Bellingham, WA 98225 or fax them to us at (360) 671-9992 to have a Shared Care Plan staff member assist you in this process.

If you need a new set of paper forms and do not have internet access please contact a Shared Care Plan team member at (360) 671-6800 or (888) 503-6843.

How can I make the most of my Shared Care Plan?

- Fill out as much information as you can in your Shared Care Plan. If there are things you don't know, ask your provider for that information.
- Bring a copy of your Shared Care Plan with you to all of your health care appointments.
- Ask your Care Team members to look at your Shared Care Plan for a current picture of your health.
- Work together with your Care Team to define problems, set priorities, establish goals, create treatment plans, and solve problems.

How do I add rows to these tables in Microsoft Word?

In order to prevent accidental reformatting of the tables, we've protected the document. To add rows to the tables, go to the Tools or Review menu and choose Unprotect document. Please note that when you make changes, page headings and the location of information may shift. If you would just like additional copies of certain pages, you can choose File and then Print and under page range, enter the number of the page of which you would like another copy.

How do I put this booklet together?

The paper Shared Care Plan is designed to be printed double-sided and folded like a booklet although you can print it in one-sided sheets as well. Refer to your printer's documentation for specific instructions on how to print double-sided. Generally, you select File and then Print. In the print dialog box, enter 2-13 next to Pages: and choose "odd pages" next to the word "Print." After the pages have printed, flip them over and print the even pages this time. Fold the printed pages in half to form a booklet. If you decide not to print double sided, just print the document as you would any other. Place the coversheet at the back with the printed side facing out, then fold in half.



Care Team

Emergency Contacts

Your Emergency Contact is the person you would like called first should you have an emergency. Your Backup Emergency Contact is the person you would like called if your primary Emergency Contact is unavailable.

Contact	Name	Phone Number	Alternate Phone Number
Emergency Contact			
Backup Emergency Contact			

Care Team Members

Care Team Members are people and/or organizations who help you manage your health. Anyone who you feel has a role in your health care can be part of your Care Team.

Appointments	Name	Contact	Role/Description	Comments

Insurance Providers

Record here any insurance policies you use for your health care.

Type of Insurer	Carrier Name	Policy Number	Group Number	Phone Number	Address
Primary Medical					
Secondary Medical					
Prescription Drug					



About Me

I want the person working with me to know...

This section is for you to record important details about your health and life that will help health care professionals understand your needs.

This is the most important information you need to know about me: _____

I have challenges with: Vision Hearing Speech Mobility Transportation Other

My primary language is: English Español Other _____

I need a translator: Yes No

Comments _____

My blood type is: O+ O- A+ A- B+ B- AB+ AB-

I have special dietary needs: Yes No

Comments _____

My religion/spirituality impacts my health care: Yes No

Comments _____

I have: Advance Directives POLST Power of Attorney

Comments _____

I live: Alone With a partner/spouse With family Other

With others In assisted living In a nursing home

Comments _____

I learn best by: Reading Being spoken to Being shown

Listening to tapes Seeing pictures/videos Other

Comments _____

I have access to the Internet: Yes No

Comments _____

Additional information

Diagnoses

My Chronic and Long-Term Diagnoses

This is a list of all the conditions you have been diagnosed with and are managing.

Diagnosis	Description	Date Diagnosed	Diagnosed By	Comments



Next Steps

Where I am – My concerns

This section helps you identify the types of problems or concerns you are currently facing as you manage your health. Sharing your concerns helps your Care Team assist you with Next Steps.

- My ability to manage my chronic condition(s)
- Thinking/memory problems
- Family issues
- Emotional Issues
- Financial issues
- End of life issues
- Spiritual support
- Access to health care
- Other

Details _____

Where I want to be – Life goals

A Life Goal is a motivating reason you are working toward better health.

Completed	Goal Description
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

How I'm getting there – Next steps

Next Steps are small, short-term steps that you are ready and willing to take towards obtaining your life goals.

Completed	Date	Description
<input type="checkbox"/>		Step:
<input type="checkbox"/>		Action:
<input type="checkbox"/>		Action:
<input type="checkbox"/>		Step:
<input type="checkbox"/>		Action:
<input type="checkbox"/>		Action:
<input type="checkbox"/>		Step:
<input type="checkbox"/>		Action:
<input type="checkbox"/>		Action:

Be sure to reward yourself along the way!



Health Log

Health Indicators

This is the place to record health indicators such as blood pressure, cholesterol and weight, the goal values that you want to reach or maintain and to monitor them over time.

Indicator:			Goal:		Comments:		
Date	Value	Comments	Date	Value	Comments		

Indicator:			Goal:		Comments:		
Date	Value	Comments	Date	Value	Comments		

Indicator:			Goal:		Comments:		
Date	Value	Comments	Date	Value	Comments		

Indicator:			Goal:		Comments:		
Date	Value	Comments	Date	Value	Comments		



Medications

Prescribed medications

These are medications that a health care professional has advised you to take, including medications, vitamins and supplements available over-the-counter.

Start Date	Prescribed By	Brand (Generic) Name and Strength	Directions	Use	B	L	D	N
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								



Additional Medications

Add here any other medications that you are taking and that no health care professional has advised you to take, including herbal supplements, vitamins, etc.

Start Date	Prescribed By	Brand (Generic) Name and Strength	Directions	Use	B	L	D	N
Comments:								
Comments:								
Comments:								
Comments:								

Discontinued Medications

This is a list of all medications that you are no longer taking.

Start Date	Stop Date	RX By	Generic (Brand) Name and Strength	Directions	Use	Reason Discontinued
Comments:						
Comments:						
Comments:						
Comments:						
Comments:						



Reactions

Allergies/Intolerances

These are substances (drug, food, or otherwise) that cause a bad reaction when you take, inhale or in some way come in contact with them.

Substance	Date Occurred	Type	Documented By	Reaction

Contraindications

These are substances (both drugs and food) that interact badly with your condition or medications that you are already taking.

Substance	Reason	Documented By



History

Procedures and Surgeries

Here you can keep track of any procedures and surgeries you have had. These can range from a biopsy to a cat scan to a mammogram.

Description	Date	Comment



Hospital Visits

Here you can keep track of any hospital visits you have had. Include visits to the emergency room and longer in-patient stays for observation and so forth, but you do not need to duplicate stays listed under surgeries.

Description	Date	Comment

Immunizations

Immunizations are vaccines taken to prevent illness. It is important to keep a record of these in case you are ever exposed to a serious contagious disease.

Vaccine	Dose # in Series	Date	Vaccine	Dose # in Series	Date



Family Health History

Knowing your family's health history and sharing it with your healthcare professionals can help with diagnosing medical conditions, calculating risk of certain diseases, deciding what medical tests to run, and calculating risk of passing certain conditions on to children. (Include only relatives related by blood.)

Relation:		Name:		Deceased? <input type="checkbox"/> If yes, age at death:
Condition/Disease	Age Diagnosed	Cause of Death?	Comments	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Relation:		Name:		Deceased? <input type="checkbox"/> If yes, age at death:
Condition/Disease	Age Diagnosed	Cause of Death?	Comments	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Relation:		Name:		Deceased? <input type="checkbox"/> If yes, age at death:
Condition/Disease	Age Diagnosed	Cause of Death?	Comments	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Relation:		Name:		Deceased? <input type="checkbox"/> If yes, age at death:
Condition/Disease	Age Diagnosed	Cause of Death?	Comments	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Relation:		Name:		Deceased? <input type="checkbox"/> If yes, age at death:
Condition/Disease	Age Diagnosed	Cause of Death?	Comments	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

This paper copy belongs to:

Shared Care Plan



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Bellingham, WA 98227
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The Shared Care Plan is continually designed with patients' guidance. It was developed as a part of the Whatcom County Pursuing Perfection Program, a non-profit initiative to improve the safety, efficiency and effectiveness of health care across organizational boundaries.

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