

Take this tracker with you whenever you go to the doctor.



My Health Tracker

Doctor's Name

Phone Number

Dentist's Name

Phone Number

Pharmacy

Phone Number

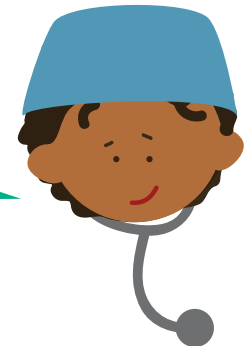


SCREENING AND IMMUNIZATION LIST

These are important tests and immunizations you should ask your doctor about based on your age and gender.

DATE RECEIVED	IMMUNIZATION/SCREENING	SPECIAL NOTES	NEXT DUE DATE
	Lead screening	A simple blood test to check for high lead levels in children before age 2; high lead levels can harm your child	
	Meningococcal vaccine	Protection against meningitis, a potentially deadly disease <i>(by age 13)</i>	
	HPV	Three vaccines that can help protect your child from certain types of cervical cancer <i>(by age 13)</i>	
	Flu	Influenza protection <i>(every year)</i>	
	Tdap	Tetanus and whooping cough protection <i>(Check with your doctor for babies, adolescents, and adults)</i>	
	Varicella	Immunity to chicken pox	
	Mammogram	Breast cancer screening <i>(Women: every two years or as recommended by your doctor)</i>	
	Pap smear	Cervical cancer screening <i>(Women 21 and older: every three years or as recommended by your doctor)</i>	
	Chlamydia	Women: a urine test to detect a potentially “silent” sexually transmitted disease (STD)	
	Colorectal cancer screening	Yearly stool testing with fecal occult blood or fecal immunochemical testing <i>(over age 50)</i> Flexible sigmoidoscopy – every five years or as recommended by your doctor <i>(over age 50)</i> Colonoscopy – every 10 years or as recommended by your doctor <i>(over age 50)</i>	
	Dilated retinal eye exam	For members with diabetes <i>(every year or as recommended by your doctor)</i>	
	Zoster	Immunity to shingles <i>(1 dose at/over age 60)</i>	

Immunizations are shots.
They are needed to protect you
and keep you healthy!



DATE	1/5/2016							
Blood Pressure (systolic/diastolic) <i>Your doctor will tell you what a healthy blood pressure is for you. Let your doctor know if your BP is greater than 140/90 on a regular basis.</i>	Healthy range							
Weight	120 lbs.							
BMI (Body Mass Index) 18-24	22							
Heart Disease Risk Assessment (high, moderate, or low risk) <i>Your doctor will determine your risk and review options to reduce that risk if necessary.</i>	Low risk							

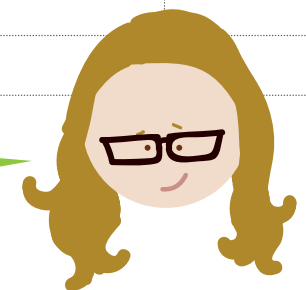
FOR MEMBERS WITH DIABETES:

HbA1c (blood test) <i>Your doctor will tell you what a healthy number is for you.</i>	7.2							
Urine test (Microalbumin) <i>Test for protein</i>	Negative							

OTHER LAB TESTS YOUR DOCTOR MAY ORDER:

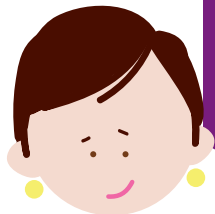
Other								
Other								
Other								
Other								
Other								
Other								

It's important to know your BMI.
A healthy BMI = a healthy weight.



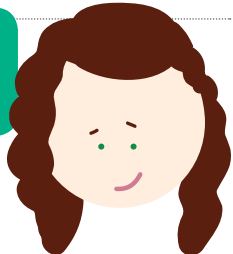
List any medications you are taking. *Cross them off when you're finished.*

MEDICATION	DOSAGE	WHO PRESCRIBED THIS MEDICINE?	IS IT HELPING YOU FEEL BETTER?	REASON FOR TAKING THIS MEDICATION
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospital <input type="checkbox"/> My Doctor <input type="checkbox"/> Over the Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Use the same pharmacy for all of your prescriptions. The pharmacist will know how your medicines work together.

Share this information with your doctor. Take it with you to your appointments.



MEDICATION

DOSAGE

WHO PRESCRIBED THIS MEDICINE?

IS IT HELPING YOU FEEL BETTER?

REASON FOR TAKING THIS MEDICATION

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

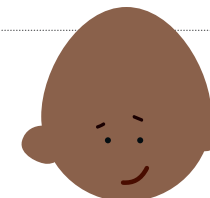
- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No

- Emergency Room
- Hospital
- My Doctor
- Over the Counter

- Yes
- No



It's important to share this information with all members of your health care team.

Tips

Your doctor wants to keep you healthy.

No question is a bad question.
Share all of your concerns.

Use one pharmacy.

The pharmacist will be familiar with your medications and how they work together.

Emergency Contact:

Name

Phone Number

Address

Relationship

Important Information and Notes:

.....
.....
.....
.....
.....
.....

Ask Me 3[®]

Health information is not clear at times. The Ask Me 3[®] program run by the National Patient Safety Foundation can help. The program gives you three questions to ask your healthcare provider during a health care visit, either for yourself or for a loved one. They are:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Asking questions can help you be an active member of your health care team.

For more information on Ask Me 3[®] and to view a helpful video on how to use the questions, please visit www.npsf.org/askme3

Ask Me 3 is a registered trademark licensed to the National Patient Safety Foundation (NPSF).

CDPHP[®] is not affiliated with nor endorsed by NPSF.

Get fitness tips, wellness ideas,
and more! Connect with us:

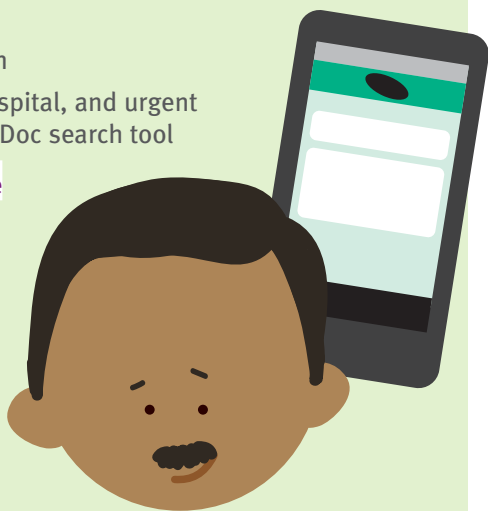


Lost your ID card?

Download the free My CDPHP Mobile app to your smartphone to:

- access your ID card
- fax or email it to your doctor
- view your benefit information
- locate the closest doctor, hospital, and urgent care center using the Find-A-Doc search tool

Visit www.cdphp.com/mobile
and click **Get the iPhone app**
or **Get the Android app**.



A plan for life.

www.cdphp.com/know3

Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.
Capital District Physicians' Healthcare Network, Inc.

www.cdphp.com