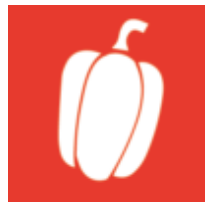
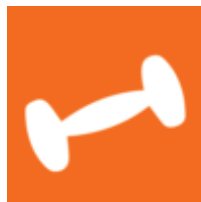
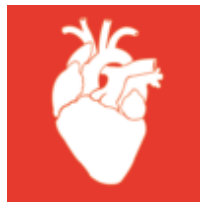
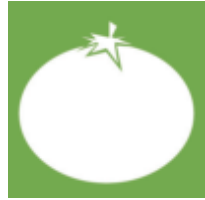
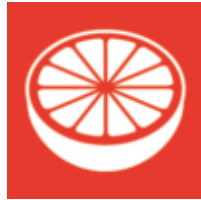
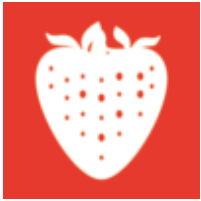


MY HEALTH PASSPORT



JOHNS HOPKINS
SCHOOL of NURSING

NAME _____

APARTMENT # _____

A MESSAGE TO...

...THE OWNER OF THIS HEALTH PASSPORT:

This book was made to help you manage your health. It gives tips to help you live a healthy life and a place to keep your medical information. Bring this book to each and every medical appointment and show it to your nurse or health care provider so he/she can record your information (such as blood pressure, medicines prescribed, and future appointments). If you have questions about anything in this book, ask your nurse or provider — they are there to give you answers — but they cannot give you answers if you do not ask the questions!

...THE NURSE:

Patients look to you to prioritize their health issues and determine what is critical to their health. This booklet can help you quickly identify gaps in care so you can educate, refer and advocate for your patients' health care needs. Please review the monitoring, medical records and follow-up, screening, and health promotion tips with your patient and assist him or her in receiving the appropriate treatment.

...THE HEALTH CARE PROVIDER:

The Health Passport was designed for patients managing several complex medical issues and who typically see multiple providers. This book provides a way to consolidate and organize patients' medical information. Its purpose is to promote patient-provider communication, reinforce standards of care, and to promote screening and preventive care. Since you are likely one of several health care providers for this patient, please take a moment to review the items inside, address the appropriate topics, and record the discussions and actions that took place between you and your patient.

PERSONAL INFORMATION

Name _____

Phone _____

Allergies _____

Insurance _____

Date of my last flu shot _____

Date of my last pneumococcal shot _____

PRIMARY CARE PROVIDER

Name _____

Phone _____

Address/Hospital _____

GYNECOLOGIST

Name _____

Phone _____

Address _____

DENTIST

Name _____

Phone _____

Address _____

PHARMACY

Name _____

Number _____

Address _____

OTHER HEALTH CARE PROFESSIONAL

Name _____

Phone _____

Address _____

OTHER HEALTH CARE PROFESSIONAL

Name _____

Phone _____

Address _____

OTHER HEALTH CARE PROFESSIONAL

Name _____

Phone _____

Address _____

IMMUNIZATION RECORD

Adult Vaccine	Date	Booster Needed	Booster Date
Influenza			
Tuberculosis Skin Test			

IMMUNIZATION RECORD

Adult Vaccine	Date	Booster Needed	Booster Date
Influenza			
Tuberculosis Skin Test			

SCREENING TESTS: WHAT YOU NEED AND WHEN

Obesity

Have your body mass index (BMI) calculated to screen for obesity. (BMI is a measure of body fat based on height and weight.)

Breast Cancer

Have a mammogram every 1 to 2 years starting at age 40. If there is a family history of breast cancer your health care provider may recommend that you start screening before age 40.

Cervical Cancer

Have a Pap smear every 1 to 3 years if you are between the ages of 21 and 65.

Prostate Cancer

Have a prostate exam starting at age 40. Discuss with your doctor how often they should occur after this.

Testicular Cancer

A testicular self-exam (TSE) is an easy way for men to check their own testicles to make sure there aren't any unusual lumps or bumps — which can be the first sign of testicular cancer. Try to do a TSE every month so you become familiar with the size and shape of your testicles.

High Cholesterol

Have your cholesterol checked regularly starting at age 45. If you are younger than 45, talk to your doctor about whether to have your cholesterol checked if:

- You have diabetes or high blood pressure
- Heart disease runs in your family.
- You smoke.

High Blood Pressure

Have your blood pressure checked at least every 2 years. High Blood Pressure is between 130-139/80-89 or higher.

Colorectal Cancer

Have a colonoscopy for colorectal cancer starting at age 45-50. If you have a family history of colorectal cancer, you may need to be tested earlier. Free screenings at Hopkins Colon Cancer Program: **410-502-8431**

Diabetes

Have a test for diabetes if you have high blood pressure or high cholesterol. If you have diabetes, your blood pressure should be <130/80 and "bad cholesterol" (LDL) < 100. You need yearly visits to an eye doctor (ophthalmologist) and foot doctor (podiatrist). Wilmer Institute at Hopkins does free diabetic retinopathy screenings for people who are on diabetes medications. **Wilmer: 410-955-3429**. Everyone with diabetes needs to meet with a diabetes educator. **The Joslin Center: 1-888-567-5468** and **Hopkins Diabetes Center: 410-955-7139** are good resources.

Depression

Your emotional health is as important as your physical health. If you have felt "down," sad, or hopeless over the last 2 weeks or have felt little interest or pleasure in doing things, you may be depressed. Talk to your doctor about being screened for depression.

Osteoporosis (Thinning of the Bones)

Have a bone density test beginning at age 65 to screen for osteoporosis. If you are between the ages of 60 and 64 and weigh 154 lbs. or less, talk to your doctor about being tested.

Sexually Transmitted Infections

Every year for men who are sexually active. Every year for women <26 years old.

HIV

Everyone age 15-65 should have at least 1 test to screen for HIV.

You should talk to your provider about having a screen more often if you:

- Have had unprotected sex with multiple partners.
- Have used or now use injection drugs.
- Exchange sex for money or drugs or have sex partners who do.
- Have past or present sex partners who are HIV-infected, are bisexual, or use injection drugs.
- Are being treated for sexually transmitted diseases.
- Had a blood transfusion between 1978 and 1985.
- Have sex with other men.

Domestic Violence

If your partner has hit, slapped, pushed or tried to choke you, or if you have had bruises, cuts or loss consciousness or been to the ED or hospital because of something your partner did to - you can get help by calling the House of Ruth Maryland Hotline 410-889-7884 or the National Domestic Violence Hotline 1-800-799-safe (7233) - you do not deserve to be hurt.

SCREENING LOG

Test	Last test (mo/yr)	Results	Next Test Due (mo/yr)	Questions for the Doctor
Pap Smear				
Mammogram				
Vision				
Dentist				
Foot Care				
Prostate				
Testicular				
Colonoscopy				
Diabetes				
STI				
HIV Infection				
TB				
Hepatitis A				

WHAT DOES YOUR BLOOD PRESSURE READING MEAN?

Classification of Blood Pressure				
Category	SBP mmhg (first/top number)		DBP mmhg (Second/Bottom Number)	Recommendation
Normal	<120	AND	<80	
Elevated	120-129	AND	>80	
High Blood Pressure Stage 1	130-139	OR	80-89	
High Blood Pressure Stage 2	>140	OR	>90	
Hypertension Crisis	>180	AND/ OR	>120	

Date	Time	BP	Weight	Pulse	Notes

ACTIVITIES OF DAILY LIVING

Do you have any difficulty with:	Yes	No	How have you adapted? Do you use an assistive device?
Bathing			
Toileting/ continence			
Getting out of bed			
Walking across the room			
Dressing/ undressing			
Eating			
Buying food or getting food into your home			
Taking medications			
Managing bill payments			

Have you had a fall or a near fall in the past year?

Yes No

PHYSICAL ACTIVITY

I want to stay active and/or lose weight because:

My goal weight is: _____

Moderate activity for 30 minutes every day can make a big difference in keeping you healthy. When doing a moderately-intensive activity, you should be able to talk, but not sing during the activity.

5 Ways I Will Work Toward My Goal Weight:

(Note: This can include ideas like going for walks or eating a healthier diet)

1) _____

2) _____

3) _____

4) _____

5) _____

MY PERSONAL GOALS

What are some personal goals you are working toward? This can include spiritual, health, social or even travel goals. Keeping a list can serve as a reminder and help you stay motivated!

1) _____

2) _____

3) _____

4) _____

5) _____

QUESTIONS TO ASK

What questions do you have for your provider or nurse?

Questions	Notes

IMPORTANT PHONE NUMBERS

General Information & Referral

First Call for Help (Resource Information) 211

Police & Fire

Police-Fire-Ambulance Emergency 911

Police-Fire-Ambulance Non-Emergency 311

Medical Emergency

Poison Control (800) 222-1222

East Baltimore Medical Center (410) 522-9800

Johns Hopkins Bayview Medical Center (410) 550-0100

Johns Hopkins Bayview Adult Emergency (410) 550-0350

The Johns Hopkins Hospital (410) 955-5000

The Johns Hopkins Hospital Adult Emergency (410) 955-2280

Family Violence/Sexual Assault

National Domestic Violence Hotline 1-800-799-safe
(7233, 24 hours a day, will direct you to local resources)

House of Ruth (410) 889-7884

Sexual Assault (410) 828-6390

Senior Citizen Abuse (410) 361-5000

Food Services

Food Assistance (410) 396-6606

Food Stamps (800) 221-5689

Meals on Wheels (410) 558-0827

Transportation

MTA Mobility/Paratransit (410) 764-8181

Senior Resources

ElderPlus (All-Inclusive Care) (410) 550-8093

In-Home Aide Services (443) 423-4214

Senior Health Insurance Program (410) 396-2273

Counseling

Drug Counseling Information (410) 366-1717

NOTES

NOTES



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