Health Guide

Your free printable patient resource guide from Bluebird Health Advocates LLC



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Your Appointment

Tell the provider of any other doctor's or specialists you have seen in the last year.

Talk about your prescriptions, any over the counter medications, supplements, or vitamins. Ask about Generic or low-cost options.

Ask for information about getting a Flu Shot, Shingles, Pneumonia and Covid19 vaccines and how they can help you.
Date of previous Flu Shot:
Date of next flu shot:
Date of Shingles Shot:
Date of most recent pneumonia shot:
Date (s) of Covid19 vaccine
Ask about your tests, bloodwork, prescriptions, or X-rays and when you will get your results
Did you fall recently? Do you have problems walking? Or with balance?
Do you have problems with Bladder control or leaking of urine? Talk to your provider.
Do you exercise? How much per day? Do you have any limitations? Ask if you should start a new exercise program.
Talk about your problems with sleep or if you're sad, anxious, or depressed.

Have you been hospitalized? Speak with your provider about how to contact them if it isn't urgent to avoid long waits. Discuss where you would go to an Urgent care.

Your Care Providers

Provider Name Appointment Date Appointment Time

M	y PCP				
	ecialist				
_	ecialist				
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			ay of letting your provider l you keep track. Here is a cl		
	☐ Medication List		☐ Hospital/Emer	gency Room	
	□ Laboratory Results		□ Urgent Care vis	sit records	
	☐ X-Rays and other in	maging results MRI,CT etc.	□ Advance Care p	planning Documents	

Medication List Date to have all my medicines reviewed: My name: Date When to stop Strength What is the medicine for? How much do I use and when? Special instructions or comments Name of medicine started or review

Keep your medications here.

Be sure to put the correct medications that you are currently taking and what time of day you are taking them. For example, Before Breakfast, Breakfast, Before Lunch, Lunch, Before Dinner, Dinner, Before Evening, Evening, Before Bed, Bed. This will help you and your doctor decide what is best when adding or subtracting your medications.

Preventative Care Checklist

Keeping track of your preventative care is important. Just fill in the last date and the next exam date. It's that easy!

0	Examination and Wellness Visit (Everyone)	Last Exam	Next Exam
			//
0	Colorectal cancer Screening (Everyone)		/_/
O	Breast Cancer Screening (Women 50+)		/_/
O	Osteoporosis Screening	//	//

Having a wellness screening is always a good way to ensure that you are healthy. Catching Cancer early has been proven to help possible outcomes. Check out this page for more information on Early Detection.

 $\underline{https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html}$

Osteoporosis can be treated. Learn more about it here.

https://www.nia.nih.gov/health/osteoporosis

Have an Annual Wellness Check. Learn more about it here.

https://youtu.be/rQOt2JrGxII

	Preventative	Care Checklist Con		
0	Compliance Medications	Last Exam N	ext Exam	
			//	
	vith your provider about why you attions with other medications.	re taking these parti	cular medications. As	k abou
0	Diabetes Care	Last Exam	Next Exam	
			//	
	ı check your blood sugar? Did you h ring, Diabetic Eye Exam?	ave the following: A	1C Blood test, Kidne	y
0	Blood Pressure Check	Last Exam	Next Exam	
			//	
	en forget how important it is to get o I to a Heart Attack or Stroke.	ur Blood Pressure c	hecked. High Blood P	ressure
0	Conversion of Care & Emergen	cy / /	/ /	

Making the change from the hospital to a rehabilitation center, hospice or palliative care center doesn't have to be stressful. Your primary care doctor, Case Manager and Health Advocate have the perfect plan for you and will get the necessary paperwork etc.... to help. This is a video for you to get an idea of how a transfer works.

Room Follow-up by PCP/Case Manager

*Please note-We do not have any affiliation with any of the companies in the videos we provided.

They are simply to help you understand how transfers and doctor visits work.*

Fall Prevention

Most physicians will ask you if you have fallen recently. It is important to answer honestly as there might be underlying physical conditions such as Vertigo, Multiple Sclerosis, and others. Here are some tips you might want to stay active.

- **Talk with your primary Physician- You can ask for a Fall Assessment of your Fall risk.**Tell them even if you didn't fall that maybe you tipped over.
- **Exercise** Exercise can help build better muscular strength that can help when it comes to falling.
- **Let up** Check with your Pharmacist. The Pharmacist will be able to help you check your medications and tell you which one may be causing dizziness or to be off balance.
- Going to regular visits with your Audiologist or Eye Doctor can help ensure that your hearing and vision are up to date with any apparatus may need such as Eyeglasses and Hearing Aids.
- **Wearing non-skid socks can help.**
- Have a family meeting to determine whether or not your home is dangerous and needs to be modified for falls and slips. The Bathroom Shower and Bath are common areas where people are known to fall. Get non-slide stickers for your bath or shower and some rails if you require them.
- **↓** If you are interested, take a Falls Prevention Class. Here's the link:

https://www.ncoa.org/advocates/public-policy/issues/health-long-

term-care

Get the facts:

https://www.cdc.gov/falls/facts.html

Take this Fall Assessment Quiz

Circle and Score only your "Yes" answers

Yes (2)	No	I have fallen in the past year.
Yes (2)	No	I use or have been advised to use a cane or a walker.
Yes (1)	No	I sometimes lose my balance when walking.
Yes (1)	No	I worry about Falling.
Yes (1)	No	I use my arms to push myself up from a chair.
Yes (1)	No	I sometimes have trouble stepping up onto a curb.
Yes (1)	No	My body sways when standing stationary.
Yes (1)	No	I take short narrow steps.
Yes (1)	No	I stumble often or look at the ground when I walk.
Yes (1)	No	I frequently have to rush to the toilet.
Yes (1)	No	I have lost some feeling in one or both of my feet.
Yes (1)	No	My medication makes me feel light-headed or sleepy.

Total

YOUR FALL RISK- If you score more than 4 then your risk is:

1 2 3 4 5 6 7 8

Low Moderate At Risk High Urgent Urgent Severe Severe

If you score more then 4, you should make an appointment with your primary physician. You could be at risk for a fall.

Your Physical Activity (Improving and Maintaining)

All ages can benefit from a good regiment of exercise. As we get older it's really important that we don't become couch potatoes. Living a sedentary life can be dangerous for our hearts and well-being. Here's a few great reasons to stay in shape.

- **♥** Help you to maintain independence at home
- **♥** Increase your immune system
- ♥ Help maintain your balance, flexibility, and muscle strength
- **♥** Help improve your alertness.
- **♥** Help with energy and endurance
- **♥** Help to improve Stress management, mood, and the outlook on life.
- **♥** Help you to reduce High blood pressure.

It's importan	t to maintain a good exercise regimen. What are you doing now to exercise?
	e exercising at least 2 ½ hours a day. Can you think of some exercises you can
do ii you are	a healthy person?
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Take advantage of some free exercise programs that you can find if you were to join AARP or even subscribe to a YouTube channel. You can find many exciting workouts online.

Some of the best Senior exercises- Did your provider recommend to start, maintain or increase your physical activity?

Walking: We all need a bit of exercise and walking is easy. Try to walk 10 minutes as day. If you have a dog, take the dog with you!

Swimming: There are lots of ways to swim. The water allows you to be light on your feet, even if you're just kicking them from the edge of the pool.

Cycling or Stationary Bike: This is a great way to give your heart a workout. Try beginning at 10 minutes and build up your time as you get more comfortable.

Aerobic and Strength Classes: These types of classes are to help build stamina and body strength. You should speak with your primary care physician before starting this kind of physical activity.

Yoga and Pilates: Yoga and Pilates are low-impact exercises and they focus on your balance, strength, and your body's stability.

Bodyweight training: Using chairs, squats single leg stands, wall push-ups and stair climbing can be significant to building better muscular strength and endurance.

Resistance Band training: This is a terrific way to get your strengthen your back using your own bodies resistance. Using rubber band ropes on strengthening the legs or arms is a really good way of controlling you're the amount of tension used.

Urinary Incontinence- Are you managing?

What is it? Urinary incontinence is according to www.mayo.org is, "Urinary incontinence — the loss of bladder control — is a common and often embarrassing problem. The severity ranges from occasionally leaking urine when you cough or sneeze to having an urge to urinate that's so sudden and strong you don't get to a toilet in time."

Urinary incontinence can happen when you are older, after pregnancy or changes in your bladder and physical status. There are different types of urinary incontinence and they are:

- **♥** Urge Incontinence
- **♥** Stress Incontinence
- **♥** Functional Incontinence
- **♥** Mixed Incontinence

Prevention of Urinary incontinence can be avoiding different foods such as:

- **♥** Caffeine
- **♥** Alcohol
- **♥** Carbonated Drinks
- **♥** Chocolate
- **♥** Sugar
- **♥** Hot Spices such as Chili peppers, Citrus Fruits, and Fruit juices
- **♥** Large Doses of Vitamin C
- **▼** Medications you might want to avoid (Only with a Doctor's recommendation)

What can you do to manage your Urinary incontinence?

What are the risk factors?

- **♥** Menopause and Hysterectomy
- **♥** Your Age
- **♥** Prostate enlargement and Prostate Cancer
- **♥** Urinary Tract Infection (UTI) and Constipation
- **♥** Having an Obstruction
- **♥** Disease
- **♥** Obesity
- **♥** Smoking
- **▼** Family History

Speak with you physician to find out more about the risks.



Steps you can take to prevent Urinary Incontinence:

- **♥** Maintain a Healthy Weight
- **♥** Make a habit of doing Kegel exercises (Pelvic Floor)
- **▼** Try to moderate your use of stomach irritants such as Coffee, Alcohol and Acidic foods
- **♥** Prevent constipation by eating foods that are high in fiber
- **♥** Try to quit smoking or cut back on the amount you smoke

***You should always consult your physician before starting a new diet or regiment.

Treatment:

- **♥** Bladder training and liquid, Diet management
- **♥** Pelvic floor exercises (Kegel)
- **♥** Medications that your physician prescribes



HAVE YOU GOTTEN YOUR FLU SHOT?

Here's a few thoughts:

- **♥** People that are 65 or older are at a greater risk of having complications from getting the flu
- **♥** The flu season generally runs from October to March
- **♥** You can get a flu shot from your personal physician or a participating pharmacy
- ▼ Make sure that you are up to date with other shots such as Covid19, Pneumonia (Every 5 years), Shingles and Whooping Cough

Medical Office

N	Α	T	Ι	Р	N	D	N	S	Ε	Ι	Т	U	D
G	Υ	R	N	R	0	M	Ε	D	Ι	С	Α	L	T
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Ι	T	P	Ε	C	T	Н	Α	T	U	S	T	Α	L
D	Ε	Р	R	Ε	Α	D	Т	D	Α	L	I	S	Ε
0	R	0	N	D	С	S	F	Ι	L	Ε	S	S	P
С	0	Ι	S	U	U	F	Α	M	Ι	L	Υ	Ι	Н
P	T	N	Н	R	D	T	Ε	L	Q	Н	Α	S	0
0	С	T	Ι	Ε	Ε	D	Ε	Α	Ι	Ι	I	T	N
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Ι	D	Ε	С	0	0	N	Α	S	T	T	P	N	X
C	S	N	F	P	N	Α	Ι	Ι	Y	P	S	T	Α
Y	Ι	T	Ε	Q	U	Ι	P	M	Ε	N	T	0	F
N	P	U	P	Ε	T	P	Α	T	Ι	Ε	N	T	Ε

PROCEDURES APPOINTMENT ASSISTANT DOCTOR **PATIENT EQUIPMENT EDUCATION** HIPAA **TELEPHONE INTERNSHIP** CODING **FAMILY DUTIES** MEDICAL **POLICY** FAX **FILES**

Play this puzzle online at : https://thewordsearch.com/puzzle/3977/

YOUR NOTES:					
	 				
					
	 	 			
	 			 	
	 				
				 	
	 				
	 				

				
	 			
	 			
				
	 			
			 	
				
	 			
				
	 			
	 			
			 	
				
	 		 	

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