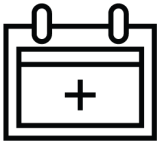


Medical History, Vital Signs & ADL/IADLs



About this Section

Why is this Section Important?

Medical histories and key dates can be difficult to remember. However, information about your **medical history** including diagnosis, hospitalizations, surgeries and other information are important for your healthcare team to know.

This section is a place where you can document and quickly access your medical history when asked by your healthcare team.

How to Use this Section

Use and adapt this section to fit your needs. Every healthcare journey is different.

Personal Medical History

Some caregivers have said that adding historical information can be a lot of work. With that in mind, in this section you can choose to:

- Add notes about diagnoses, hospitalizations and surgeries starting today and keep the binder up-to-date going forward.
- You can choose to add past procedures to the best of your knowledge. Include dates and other details about past diagnoses and reactions where you can and as you feel it's appropriate

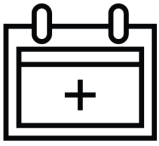
Vital Sign Notes and Tracking Calendar

In this section, we have included an area for you to record your 'vital signs'. **Vital signs** are a basic measure of overall health and can be a source of important information for your healthcare team. Examples of vital signs include blood pressure, heart rate, and weight. **This information lets your healthcare team know what is normal for you!** A record of vital signs is not needed for every person. Speak to your healthcare team to see if such a record would be helpful for you.

Activities of Daily Living and Instrumental Activities of Daily Living

It may also be important for you to record your 'Activities of Daily Living' and 'Instrumental Activities of Daily Living'. **Activities of Daily Living** are the tasks of everyday life. These include bathing, eating, and dressing. **Instrumental Activities of Daily Living** refers to those tasks that are needed to live independently. Keeping a record of these tasks can be helpful for your healthcare team since it lets them know how much help you might need. Depending on the diagnosis or stage of illness you may not need to use this part of the binder.

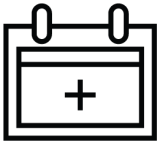




Personal Health History

Diagnoses		
Year	Name of Diagnosis or Concern	By Who (e.g. physician's name, etc.)?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Who?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Who?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Who?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Who?
Any other pertinent information related to diagnosis?		

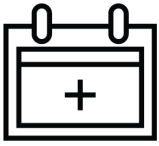




Personal Health History

Hospital Visits		
Year	Reason	Name of Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital

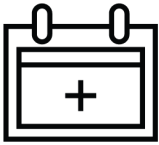




Personal Health History

Surgeries & Procedures		
Year	Procedure/Reason/Notes	Hospital



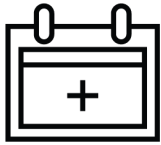


Vital Sign Notes

Use this template to record any important details about vital signs.

Vital Signs	Notes
Blood Pressure	
Heart Rate (Beats per minute)	
Respiratory Rate (Breaths/minute)	
Weight	
Pain or Discomfort	
Oxygen Level (Saturation)	
Bowel Movements	





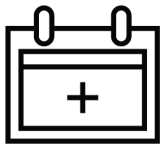
Vital Signs Calendar

Month/Year: _____

Use this calendar template to track vital sings such as blood pressure, heart rate, respiratory rate, weight, pain, bowel movements, etc.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY





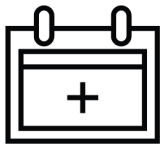
Vital Signs Calendar

Month/Year: _____

Use this calendar template to track vital signs such as blood pressure, heart rate, respiratory rate, weight, pain, bowel movements, etc.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Activities of Daily Living (ADL)

Last Updated: _____

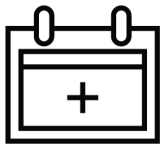
The term, 'Activities of Daily Living' (ADL) refers to everyday personal activities. Examples include bathing, eating and drinking, and walking¹. Use the chart below to track your ability to complete ADLs. This is important information to share with your healthcare providers to provide and plan care. It should also be updated over time as ADLs may change.

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Example (Bathing)	<i>e.g. face and arms</i>	<i>e.g. rest of body</i>	<i>e.g. hair washing and back</i>	

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Bathing or Showering				
Dressing				
Grooming				
Mouth Care				
Toileting				
Transferring Bed/Chair				
Walking				
Climbing Stairs				
Eating and Drinking				

¹ Adapted from: Senior Planning Services. (2013). *ADL/IADL Checklist*. Retrieved from: <https://www.seniorplanningservices.com/files/2013/12/Santa-Barbara-ADL-IADL-Checklist.pdf>





Instrumental Activities of Daily Living (IADL)

Last Updated: _____

The term 'Instrumental Activities of Daily Living' (IADL) refers to activities which allow a person to live independently². Use the chart below to track ability to complete IADLs. This is important information to share with your healthcare providers to provide and plan care. It should also be updated over time as IADLs may change.

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Example (Shopping)	<i>e.g. Make own list and visit store</i>	<i>e.g. Needs help finding items, loading in cart and paying</i>	<i>Shopping</i>	

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Shopping				
Cooking				
Managing Medications				
Using a Phone				
Housework				
Laundry				
Transportation				
Managing Finances				

² Adapted from: Senior Planning Services. (n.d.). *ADL/IADL Checklist*. Retrieved from: <https://www.seniorplanningservices.com/files/2013/12/Santa-Barbara-ADL-IADL-Checklist.pdf>

