



Health Log

Start Date:

www.pacostudy.org

About this book

Welcome to the PACO Health Log for Rheumatoid Arthritis patients.

The Health Log system was developed by researchers, rheumatologists, and rheumatoid arthritis patients as a tool to help improve clinic visits and to facilitate record-keeping for your own interest and benefit.

The Log has two components, which can be filled out however you find helpful: 1) this book to record your medication history, rheumatoid arthritis and other health history and additional permanent information; and 2) the Carry-Along booklet to record your daily health progress between office visits.

Produced by the PACO (Patient-Centered Outcomes) Initiative www.pacostudy.org

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Inside back cover (pocket)

Production and design by JMF

Provider Contact Info Notes PRIMARY CARE PHYSICIAN Name Address Phone **Email RHEUMATOLOGIST** Name Address Phone **Email** OTHER SPECIALIST(S) Name Address Phone

	Personal Information
	Name
	Address
	Phone
	Email
	EMERGENCY CONTACT(S) Name
	Address
	Phone
	Email
	NameAddress
16	Phone

Medications

My prescription	medications	S					
NAME	START/END	PURPOSE? IF		Т			
Dose/Frequency	DATES	STOPPED, WHY?	Vaccine		Date/	Details	
		,	Pneumonia				
			Tetanus/Dip	theria			_
			Varicella				
			Hepatitis B				
			Date/Results	Date/R	esults	Date/Results	Date/Results
4							13

Name Notes for the Future Address Phone **Long-Range Appointments** Email (periodic tests, scheduled follow-up, etc.) **PRIMARY INSURANCE** DATE/TIME LOCATION **DETAILS** Provider Subscriber # Address Phone SECONDARY/PRESCRIPTION COVERAGE Provider Subscriber # Address Phone **PHARMACY** Name Address Phone Fax

Screenings / Health Data

Immunizations

Vaccine	Date/Details
Influenza	

Exam/ourcening	Date/Nesalts	Datchtcsuits
Weight		
Blood Pressure		
Blood Sugar		
Cholesterol HDL LDL Total		
Eye Exam/Glaucoma		
Tuberculosis Skin Test		
Cancer Screening		

My prescription medications, continued

NAME	START/END	Purpose? If	
Dose/Frequency	DATES	STOPPED, WHY?	
		·	
		_	
		5	

Test Results (urine, x-ray, etc.) Medications **T**YPE **D**ATE RESULTS/DETAILS **Other Treatments** (OTC, vitamins, alternative medications, etc.) START/END Purpose? If NAME Dose/Frequency Dates STOPPED, WHY? 6

Health History

Other Health Problems

Түре		DETAILS (SYMPTOMS, DIAGNOSING PHYSICIAN, CIRCUMSTANCES)		
	DIAGNOSIS DATE	1	/	
	DIAGNOSIS DATE	1	1	
8	DIAGNOSIS DATE	1	1	

Түре		DETAILS (SYMPTOMS, DIAGNOSING PHYSICIAN, CIRCUMSTANCES)	
	DIAGNOSIS DATE	1 1	
	DIAGNOSIS DATE	1 1	
	DIAGNOSIS DATE	11	
	DIAGNOSIS DATE	1 1	
	DIAGNOSIS DATE	, , 9	

Surgeries Type	DETAILS (LOCATION, SURGEON, RECOMMENDED FOLLOW-UP)	Health History	
	DATE / /	Allergies ALLERGEN (FOOD, DRUG, ET	REACTION HISTORY C.) (DATES, SYMPTOMS)
	DATE / /	Arthritis Info	rmation
	DATE / /	TYPE(S)	DETAILS (SYMPTOMS, DIAGNOSING PHYSICIAN, CIRCUMSTANCES)
10	DATE / /		DATE OF DIAGNOSIS / / 7

Test Results, continued Type Date RESULTS/DETAILS

Notes
