



My Patient Journal

Please bring this with you to each appointment



Introduction

We understand how difficult it can be to understand and process all the information you may receive at your clinical appointments.

This is your personal journal to help you record the information given to you, or that you may ask, during your clinical appointments to help you get the most out of each.

This could be when you attend your GP, Outpatient, Emergency Department, or other healthcare appointment. Remember, don't be afraid to ask - you may find it useful to write down any questions you may have before you see your clinician.

About this guide

You can tailor this journal to your own personal needs, such as your health and wellbeing, treatment, results and nutritional balance. You can record your personal details, medical details, any prescriptions or medications you are currently taking, future appointment details and contact names and numbers.

The following sections are enclosed to help you record information given to you, or that you may be asked, during your clinical appointments:

- your personal details
- your medical details
- any prescriptions or medications you are currently taking
- future appointment details
- · personal care plans
- contact names and numbers.

Completing the journal

During each appointment, you will be discussing your illness and treatment options, so may wish to concentrate on the information being given. You may find it helpful to have someone accompany you to provide support and write down the information received on your behalf.

Realistic Medicine

Realistic Medicine is for people using healthcare services and their families to feel empowered to discuss their treatment fully with healthcare professionals. This includes the possibility that a suggested treatment might come with side effects – or even negative outcomes.

Everyone should feel able to ask their healthcare professional why they've suggested a test, treatment or procedure, and all decisions about a person's care should be made jointly between the individual and their healthcare team.

It is advisable to come prepared to each clinical appointment and you may find asking the following questions of benefit:

- How does it affect me?
- Is this test, treatment or procedure really needed?
- What are the benefits and what are the downsides?
- What are the possible side-effects?
- Are there simpler or safer options?
- What would happen if I did nothing?

Remember, at any time if you require assistance, or have any further questions, please do not hesitate to ask your clinician or health professional.

Additional pages

If you require additional pages for each section, these can be downloaded at:

www.wihb.scot.nhs.uk/i-am-a-patient/patient-information-leaflets/

If found, please return to the address overleaf.

My Details

Name:	
Address:	
Date of Birth:	
	Clinical Information
GP:	
GP Practice:	
Tel. No.	
Local Consultant:	
Specialist Nurse:	
Hospital Tel. No.	
Mainland Hospita	l:
Mainland Consult	ant:
Hospital Tel. No.	
	Health Conditions

Significant Health Events

Date	Significant Health Event	
K	nown Allergies and	d Treatments
Allergy	Treatment	Last allergic reaction

Appointments

Date	Time	Location	Appointment Detail

Appointments

Date	Time	Location	Appointment Detail

Test results

Your test results (e.g. bloods, scans, fluids) can be recorded below.

Date	Test	Result

Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	

Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	

Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	

Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	
Name:	 Strength/Mg:
Form taken:	
Amount taken each day:	
When taken each day:	
Taken for:	

Date:	Meeting with:
At this appointment I v	vould like to discuss
At this appointment we	e talked about

Date:	Meeting with:
At this appointment I v	vould like to discuss
At this appointment we	e talked about

Date:	Meeting with:
At this appointment I v	vould like to discuss
At this appointment we	e talked about

Date:	Meeting with:		
At this appointment I v	At this appointment I would like to discuss		
At this appointment we	e talked about		

Date:	Meeting with:		
At this appointment I v	At this appointment I would like to discuss		
At this appointment we	e talked about		

Date:	Meeting with:		
At this appointment I v	At this appointment I would like to discuss		
At this appointment we	e talked about		

Health and Wellbeing

When possible, you should try to break up long periods of sitting with light activity. Try to get up every 20 minutes morning afternoon and evening. You only need to be on your feet a few minutes to make a difference.

Week	Activity	Comments

Food and diet

No matter what your appetite, it is important you try to eat and drink for a healthy, balanced diet.

Week	Meal	Food and drink	Comments
+			
+			
-			

Personal Information

(If you are admitted to a healthcare setting e.g. hospital, the following information may be something you wish to share with your health and care professionals.

Your name Do you have another name you are known by?	
Have you arranged Power of Attorney or a Guardianship Order. If yes, who has this?	
Who is your emergency contact?	
Who would you like to be your personal named contact?	
Do you have any personal care preferences? e.g. bath or shower.	
Do you have any food and drink preferences or intollerences?	
Do you have any information/ additional support needs?	
What is important to you? e.g. family, home, pets.	
Do you have any spiritual or cultural needs? If so, what?	
I would like you to know	

Health/Social & Voluntary Care Professionals

Contact details of those involved in your care.

Name	Organisation	Contact details

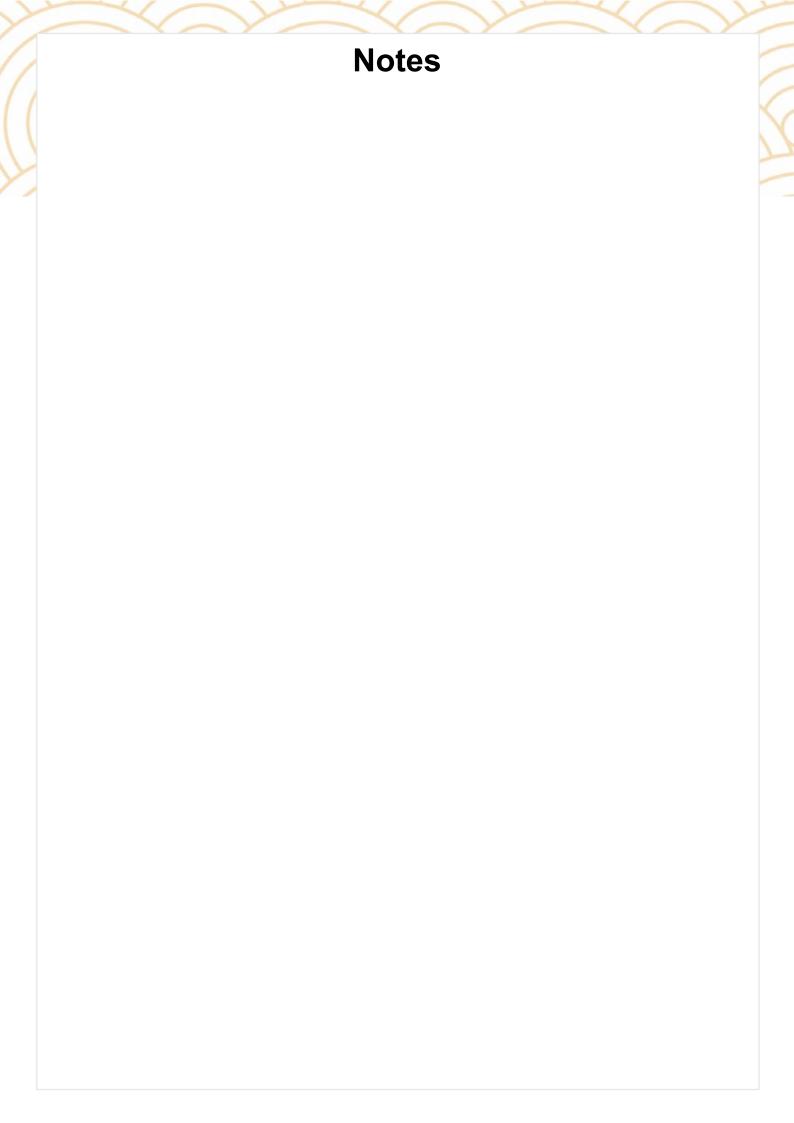
Supportive Information

(If you are admitted to a healthcare setting e.g. hospital, the following information may be something you wish to share with your health and care professionals.

Anticipatory Care Plan	Anticipatory care planning (ACP) helps you make informed choices about how and where you want to be treated and supported in the future. It requires health and care practitioners to work with people and their carers to ensure the right thing is done at the right time by the right person to achieve the best outcome. Request a copy from your healthcare professional or download at: https://ihub.scot/my-acp.pdf For further information visit: https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/
Getting to Know Me	Getting to Know Me aims to give hospital staff a better understanding of patients who are admitted either for planned treatment, such as an operation, or in an emergency. This can be used in many settings, including dementia care. Download at: www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me
What Matters to Me	What Matters to Me supports people to develop the knowledge, skills and confidence they need to more effectively make informed decisions and be involved in their own health and care. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible. Download at: www.whatmatterstoyou.scot

Useful Contacts

Benefits Advisor:		
Tighean Innse Gall:		01851 706121
Dept. Work & Pensions:		0800 7310469
Citizens Advice Bureaux:		01851 705727
Comhairle nan Eilean Siar:		01851 600501
Money worries:		01851 705727
Eilean Siar Foodbank:		01851 706650
Uist & Barra Foodbank:		01870 603819
Salvation Army support:		01851 703875
HHP Tennant advice		0300 1230773
Homelessness Service:		01851 822821
Financial Inclusion Service:		01851 822654
Western Isles Community Care Forum		01859 502588
Advocacy Western Isles		01851 701755
Other		
Home Services		
Electric Provider		
Scottish Water		
Gas Provider		
Mobile Provider		
Broadband Provider		



We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 704704 (ext 2236) Monday-Friday between 10am-4pm.

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Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.

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