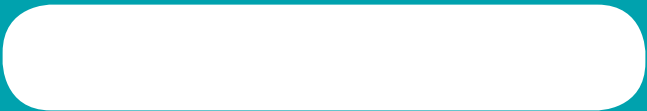




**It's OK
to ask**

Passport to better health





www.primaryhealthtas.com.au

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Welcome to the Passport to better health.

This booklet will help you keep track of your healthcare journey.

Having this information will help you to share in decision-making so you can get the care that fits with your goals and lifestyle.

It's **your** passport to better health.



ABOUT ME PAGE 5

MY HEALTH PAGE 13

RESOURCES PAGE 33

NOTES PAGE 37

Questions about your care



It's OK to ask

Being involved in decisions about your care is important. It's ok to ask questions of your care providers. Consider these questions to make sure your care is **shared** with you:

S Safe

Do you feel safe and supported?

H Heard

Have you been heard and understood?

A Agreed Plan

Does the plan reflect your goals and concerns?

R Relationships

Have the important people in your life been included?

E Easy Information

Have you received useful information that is easy to understand?

D Destination

Do you know where you're doing next and have the arrangements been made?

About me

Use this section to keep your personal details in one place, and share important information about yourself with your care providers.

Personal details

Name _____

Address _____

Telephone _____

Mobile _____

Date of Birth _____

Email _____

Medicare No. _____

Pension No. _____

Private Health fund _____

Yes, I have a DVA Card

Yes, I have a Hearing Services number

Yes, I have an NDSS Card

Care information

Use this page to direct care providers to additional information about your care.

Yes, I have a Care Plan

Location _____

Yes, I have an Advance Care Directive

Location _____

Yes, I have an Enduring Guardian

Location _____

Yes, I have a person who can make decisions on my behalf

Name _____

Relationship _____

Telephone _____ Mobile _____

Other care information

Important people

List the people who you want to be included as part of your care.

In case of emergency

Name _____

Relationship _____

Telephone _____

Mobile _____

Family or friends who provide care for you

Name _____

Relationship _____

Telephone _____

Mobile _____

Additional family and/or friends

Name _____

Relationship _____

Telephone _____

Mobile _____

Name _____

Relationship _____

Telephone _____

Mobile _____

Name _____

Relationship _____

Telephone _____

Mobile _____

Considerations for your health and wellbeing

Use these pages to share your considerations for your health and wellbeing with care providers.

Health considerations

Considerations for your health and wellbeing

Cultural and/or religious considerations

Other

My health

Use this section to keep track of your health information so you can share it with care providers.

Medical conditions

List the medical conditions you are experiencing.
Ask your care providers to help you complete this.

Condition	Year diagnosed

Condition

Year diagnosed

Condition	Year diagnosed

Allergies

List your allergies. Ask your care providers to help you complete this.

Allergy

Reaction

Medications

List the medication you're taking, prescription or non-prescription. Ask your care providers to help you complete this.

Name of Medication

Reason

Medications

Name of Medication

Reason

Name of Medication	Reason

Name of Medication

Reason

Name of Medication	Reason

Medications

Name of Medication

Reason

Care providers

List the services and/or providers who are part of your care. E.g. doctor, support worker, psychologist.

Doctor/Practice

Contact

Pharmacy

Contact

Hospital

Contact

Service

Contact

Service

Contact

Service

Contact

Care providers

Service

Contact

--	--

Service

Contact

--	--

Service

Contact

--	--

Service

Contact

--	--

Service

Contact

--	--

Service

Contact

--	--

Appointments or who you have seen

List your upcoming appointments, or people you have seen that are part of your care. E.g. doctors, community nurses, home care.

EXAMPLE

Date and time 29 June 2pm

With whom/role Dr R Johnson GP

Location Acme Medical Centre, Hobart

Notes Short consultation regarding
medication



Date and time _____

With whom/role _____

Location _____

Notes _____



Appointments or who you have seen

Date and time _____

With whom/role _____

Location _____

Notes _____

STAMP OR
INITIAL

Date and time _____

With whom/role _____

Location _____

Notes _____

STAMP OR
INITIAL

Date and time _____

With whom/role _____

Location _____

Notes _____

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Date and time _____

With whom/role _____

Location _____

Notes _____

STAMP OR
INITIAL

Appointments or who you have seen

Date and time _____

With whom/role _____

Location _____

Notes _____

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Date and time _____

With whom/role _____

Location _____

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Date and time _____

With whom/role _____

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With whom/role _____

Location _____

Notes _____

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Appointments or who you have seen

Date and time _____

With whom/role _____

Location _____

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Appointments or who you have seen

Date and time _____

With whom/role _____

Location _____

Notes _____

STAMP OR
INITIAL

Date and time _____

With whom/role _____

Location _____

Notes _____

STAMP OR
INITIAL

Resources

Consult this section when you need additional health-related information or support.

Important services and numbers

Here are a few numbers if you feel you need additional support. List any other services that are relevant to you.

After Hours GP Helpline

1800 022 222

Medical advice outside working hours

Emergency police/fire/ambulance

000

Medical emergency response

Non-urgent ambulance

1800 008 008

Non-emergency treatment and transport

Poisons information centre

12 11 26

Information for poisoning or suspected poisoning

Lifeline

13 11 14

Crisis support and suicide prevention

Beyond Blue

1300 224 636

Mental health support

My Aged Care

1800 200 422

Aged care services, eligibility, entitlements, being a carer

Notes

Use this section to write down any notes, reminders, questions, or comments to help you keep your care organised.

SHARED
TRANSFER
OF CARE



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