



Medical History, Vital Signs, Allergies & ADL/IADLs



About this Section

Why is this Section Important?

It's important to keep an up-to-date record of current medications, vaccines, allergies, and alternative and complimentary therapies that can be easily shared with the healthcare team. 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 is important because this record can:

- Decrease medication errors or bad reactions
- Help prevent allergic reactions
- Decrease how often you have to tell people this information
- Help your healthcare team better understand your complete healthcare journey

By recording this information, you will be able to quickly access and share this with members of the healthcare team.

What information do I need to record?

Allergies and Sensitivities

Throughout your healthcare journey, you will often be asked about any allergies you might have. Having a list that can quickly be accessed is an easy way to share this information. Healthcare providers will want to know about any type of reaction you might have had including reactions to medication, food, or the environment (e.g. seasonal allergies).

Medications, Complementary and Alternative Therapies

Having a current medication list that can be quickly shared with your health team can help to reduce medication errors or bad reactions. This record is also helpful to healthcare providers as it provides the most up-to-date record of what medications are being taken and when. It's also important to include lists of vitamins or supplements, complementary and alternative therapies (such as massage or acupuncture), as these therapies are essential to consider in relation to medication and treatment plans.

Vaccines or Immunizations

Immunization or vaccine history is another valuable resource to keep up to date. Healthcare providers will want to know which vaccines are up to date including influenza (the 'flu' shot), pneumonia and shingles vaccines. Keeping an up-to-date immunization record (such as the 'Yellow book') in this section is another option.





About this Section

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.

How to Use this Section

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

Some examples of ways to use this section include:

- Keep medication records printed from your doctor, pharmacy or from the hospital in this section
- Ensure that you remove older versions of printed medication lists to avoid any confusion
- Review the questions to ask your pharmacist about your medication for examples of questions to ask to better understand your existing medication or learn about a new medication you will be taking
- Remember to dispose of old medical information securely. Ask your pharmacy to dispose of old medication and old medication lists





Allergies and Sensitivities

An **allergy** means your body sees the medicine as harmful. It rejects the drug with an allergic reaction. This can be mild or strong. It can happen within a few hours after you take the drug or not until 2 weeks later. A **sensitivity** or **side effect** is not the same thing as an allergy – it's just your body feeling sensitive to a new medication. Some examples of sensitivities include feeling sick to your stomach, having muscle aches, or not having much energy¹.

Allergy or Sensitivity	What Happens?

¹ Web MD. (2017). *Is it a drug allergy or a side effect?* Available from <https://www.webmd.com/allergies/allergy-or-side-effect?print=t>





Current Medication Record

It is important to list all medications you take including both prescription and over the counter medications in this chart.

Name and Dose	Reason	Instructions	As Needed	Break-fast	Lunch	Dinner	Bedtime	No Longer Taking	Last Updated (dd/mm/yy)
<i>e.g. Tylenol 250mg</i>	<i>e.g. Muscle Pain</i>	<i>e.g. Take one pill every 4hrs when sore</i>	☒	☐	☐	☐	☐	☐	<i>8/12/18</i>
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	





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			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	





Vitamins and Supplements

List **all** vitamins and supplements you take in this chart

Name and Dose	Reason	Instruction	As Needed	Break-fast	Lunch	Dinner	Bedtime	No Longer Taking	Last Updated (dd/mm/yy)
<i>e.g. Vitamin D</i>	<i>e.g. Bone health</i>	<i>e.g. Take one pill daily</i>	☐	☒	☐	☐	☐	☐	<i>8/12/18</i>
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	





Vaccination Information

Keep a copy of your vaccination records in the pocket of this binder. Below is some information on which vaccines or immunizations are needed throughout your lifetime.²

IMMUNIZATION Through the Lifespan

Vaccines help to protect you and those around you against disease

2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS	GRADE 7	14-16 YEARS	18-64 YEARS	65 YEARS & OLDER
✓ Diphtheria, tetanus, pertussis, polio & <i>Haemophilus influenzae</i> type b (Hib) ✓ Pneumococcal ✓ Rotavirus	✓ Diphtheria, tetanus, pertussis, polio & <i>Haemophilus influenzae</i> type b (Hib) ✓ Pneumococcal ✓ Rotavirus	✓ Diphtheria, tetanus, pertussis, polio & <i>Haemophilus influenzae</i> type b (Hib)	✓ Measles, mumps & rubella ✓ Meningococcal ✓ Pneumococcal	✓ Varicella	✓ Diphtheria, tetanus, pertussis, polio & <i>Haemophilus influenzae</i> type b (Hib)	✓ Tetanus, diphtheria, pertussis & polio ✓ Measles, mumps, rubella & varicella	✓ Hepatitis B ✓ Meningococcal ✓ Human papillomavirus	✓ Tetanus, diphtheria & pertussis	✓ Tetanus, diphtheria & pertussis (at 24-26 years) ✓ Tetanus & diphtheria (every 10 years after the above dose)	✓ Pneumococcal (at 65 years) ✓ Shingles (65 to 70 years) ✓ Tetanus & diphtheria (every 10 years)

6 MONTHS & OLDER ✓ Influenza vaccine (every fall)

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² Government of Ontario. (2016). Retrieved from: http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_poster_lifespan.pdf





Alternative or Complimentary Therapies

A complementary therapy is something you do or use alongside your conventional medical treatment³.

An alternative therapy is something you do or use instead of conventional medical treatment¹.

Some examples include: aromatherapy, acupuncture, herbal medicine, massage therapy, visualization, yoga

Description and details of practice:

Description and details of practice:

Description and details of practice:

Description and details of practice:

³ Cancer Research UK. (2018). The difference between complementary and alternative therapies (CAMS). Retrieved from:
<https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/complementary-alternative-therapies/about/difference-between-therapies>





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
		☐ Emergency Department Visit Only ☐ Admitted to Hospital
		☐ Emergency Department Visit Only ☐ Admitted to Hospital
		☐ Emergency Department Visit Only ☐ Admitted to Hospital
		☐ Emergency Department Visit Only ☐ Admitted to Hospital
		☐ Emergency Department Visit Only ☐ Admitted to Hospital
		☐ Emergency Department Visit Only ☐ Admitted to Hospital





Personal Health History

Surgeries & Procedures		
Year	Procedure/Reason/Notes	Hospital





Vital Signs 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 signs 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





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 walking⁴. 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				

⁴ 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 (ADL)

Last Updated: _____

The term 'Instrumental Activities of Daily Living' (IADL) refers to activities which allow a person to live independently⁵. 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				

⁵ 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>

