



# DRIVING YOUR HEALTH DECISIONS:

## HOW TO ADVOCATE FOR THE CARE YOU DESERVE

*Build your health playbook and become an active participant in your health*

DOCTOR  
*Bayo*  
YOUR HEALTH ADVOCATE



# MEDICATION LIST

Medication Name	Dose	Frequency	Start Date
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	
How You Feel:		Why You Started:	

*\*If you are unsure why you started your medication, ask at your next appointment.*

# MY HEALTH INFORMATION

Medical Conditions	Notes

**Blood Type** \_\_\_\_\_

Surgery	Date	Allergies

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# IMPORTANT HISTORY

Date	Medical Event

Family History	
Condition	Family Member

# DOCTOR'S APPOINTMENT LOG

<b>Doctor's Name</b>	_____	<b>Date</b>	_____
<b>Key Takeaways</b>	_____ _____ _____ _____		
<b>Doctor's Responsibilities</b>	<b>My Responsibilities</b>		
_____	_____		
_____	_____		
<b>My Next Appointment</b>	_____		

<b>Doctor's Name</b>	_____	<b>Date</b>	_____
<b>Key Takeaways</b>	_____ _____ _____ _____		
<b>Doctor's Responsibilities</b>	<b>My Responsibilities</b>		
_____	_____		
_____	_____		
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_____	_____		
_____	_____		
<b>My Next Appointment</b>	_____		

# MY HEALTH PRIORITIES

Things marked here are important to me for the health I want to achieve.

Start with the top 1-3 that are important to you today. You can always add more in the future.

- |   |  |
|---|--|
| <input type="checkbox"/> Drinking water each day                                | <input type="checkbox"/> Incorporating stretching or yoga into my day                                    |
| <input type="checkbox"/> Taking my medications                                  | <input type="checkbox"/> Limiting sugar or processed foods   |
| <input type="checkbox"/> Setting a consistent bedtime routine                   | <input type="checkbox"/> Cooking at least one homemade meal per week                                     |
| <input type="checkbox"/> Wearing SPF 30 daily                                   | <input type="checkbox"/> Practicing deep breathing exercises   |
| <input type="checkbox"/> Getting sunshine and fresh air each day                | <input type="checkbox"/> Strengthening relationships by connecting with a friend or family member weekly |
| <input type="checkbox"/> Mindfulness practice                                   | <input type="checkbox"/> Taking a multivitamin or supplement as recommended                              |
| <input type="checkbox"/> Moving my body   | <input type="checkbox"/> Limiting alcohol or caffeine consumption  |
| <input type="checkbox"/> Sleeping 7-8 hours each night                          | <input type="checkbox"/> Incorporating more plant based meals  |
| <input type="checkbox"/> Practicing gratitude daily by journaling or reflecting | <input type="checkbox"/> Practicing self-care by doing something I enjoy daily                           |
| <input type="checkbox"/> Monitoring and managing my stress levels               | <input type="checkbox"/> Scheduling regular doctor's appointments and checkups                           |
| <input type="checkbox"/> Limiting my screen time in the evening                 | <input type="checkbox"/> One healthy eating goal I am working on:  |

Other: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

# DAILY SYMPTOMS TRACKER

Date \_\_\_\_\_

## Severity Key

1: Green	<i>Annoyance</i>
2: Blue	<i>Mild</i>
3: Yellow	<i>Moderate</i>
4: Red	<i>Severe</i>
5: Black	<i>Debilitating</i>

Color in the "Symptoms and Severity" square to track how your symptoms are affecting you throughout the day.

## Notes


	Food and Drink	Medicine	Symptoms and Severity	Notes
Morning				
Midmorning				
Midday				
Afternoon				
Evening				
Night				



# WEEKLY SYMPTOMS TRACKER

Week of \_\_\_\_\_

Severity Key	
1: Green	Annoyance
2: Blue	Mild
3: Yellow	Moderate
4: Red	Severe
5: Black	Debilitating

Color in the "Symptoms and Severity" square to track how your symptoms are affecting you throughout the week.

Notes

	Symptoms and Severity	Notes
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

# MONTHLY SYMPTOMS TRACKER

Month \_\_\_\_\_

Severity Key	
1: Green	Annoyance
2: Blue	Mild
3: Yellow	Moderate
4: Red	Severe
5: Black	Debilitating

*Color in the different squares to easily track how your symptoms are affecting you each day.*

**Notes**

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Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

## **Identity Check:**

“Could you please confirm that the chart you’re looking at has my correct full name?”

## **Potential Diagnoses:**

“What are all of the possible diagnoses you’re considering for my condition?”

## **Alternative Treatments:**

“If I’m not comfortable with the suggested treatment or medications, what other options do we have?”

## **Medical Record Access:**

“How can I review my medical chart before and after this visit? Is there an app I can use, or should I request my records from the front desk?”