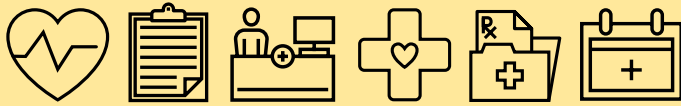


HEALTHCARE JOURNEY BINDER



**Healthcare
Team & Notes**



THE ONTARIO

caregiver

ORGANIZATION



About this section

Why is this Section Important?

This section provides a clear way to keep track of details about appointments, tests and procedures and community provider visits so that a caregiver/family member can make arrangements to accompany you, provide transportation and support. Details about scheduled appointments, as well as previous information and notes can be valuable when planning appointments and/or tests.

In the days leading up to healthcare appointments, you often think of questions that you may want to ask. More often than not, these are forgotten when the appointment starts, unless they are written down in advance. There is an area to keep track of questions for each appointment. You are an advocate for yourself and/or the person you're caring for. These tools can help you in that role.

How to Use this Section

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

My Community Care Team

This template provides a reference resource to keep track of your community care providers. In each of the bubbles you can include contact information for each person or organization. This can also give you an idea of what community resources are available and allow you to discuss with your providers about the potential role that they may have in you or your care recipient's health care.

Healthcare Appointments

Fill out the sections under healthcare appointments to keep information about upcoming and past appointments.

Questions to Ask Healthcare Providers

Caregivers can be advocates for the person they care for. Here are four questions to consider asking when you interact with healthcare providers:

1. What is the main concern today?
2. What needs to be done next?
3. Why is it important to do this?
4. Who can I contact if I have questions?

Tests and Procedures

Fill out the sections under tests and procedures to keep information about tests and procedures. Recording notes – how it was tolerated, issues with preparation or recovery, etc. – can help when you schedule or plan future tests and procedures.



Use this section to place things like parking receipts and upcoming appointment cards until you can log them along with any information received from health care providers.

Notes

Notes pages are included in this section for you to record information as you need to. You could use them during a hospital stay or any other interaction with healthcare providers.

Communication Log

Make use of the communication log during your hospital stay and hospital bedside white board to keep track of questions you have for healthcare professionals. White boards are handy because questions can be left here for answers to be obtained even when you are not present.

Community Provider Visits

This template can be used to keep track of community visits. This can be helpful for future reference of visit dates, but there is also a space for notes that can be helpful during future visits.

Messages I Have for Community Providers

In the days leading up to your next community visit you often think of questions that you may want to ask. More often than not, these are forgotten when the appointment gets going, unless they are written down in advance. This section also provides an area to keep track of questions for community providers.



My Community Care Team

Title (Eg. Psychiatrist)	Title (Eg. Counsellor/Therapist)
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:
Title	Title
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:
Title	Title
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:
Title	Title
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:
Title	Title
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:
Title	Title
Organization:	Organization:
Who to Contact:	Who to Contact:
Telephone:	Telephone:



Healthcare Team Descriptions

<p>Care Coordinators or Case Managers</p> <p>They are responsible for assessing, planning, coordinating, implementing and reviewing patients' needs and services. They provide information to patients as well as referring them to alternate community resources. They may work for the Local Health Integration Network (soon-to-be Ontario Health Team's) or another community agency.</p>	<p>Social Workers</p> <p>They help caregivers and their families access services to improve their quality of life and be supported at home or in the community.</p>
<p>Developmental Support Workers</p> <p>They support families who have a child or adult with a developmental disability to help them reach the child's or adult's full potential.</p>	<p>Personal Support Worker</p> <p>They assist caregivers in-home with daily living that can include bathing, toileting, dressing and feeding.</p>
<p>Respite</p> <p>Respite provides temporary relief for caregivers to leave for activities or rest. It can include overnight care using respite services outside the home.</p>	<p>Mobility Services</p> <p>They offer safe, accessible and affordable transportation. Services may include volunteer drivers or accessible vehicles.</p>
<p>Family Physician</p> <p>They see you on a regular basis for check-ups, they diagnose and treat illness, prescribe medications and give referrals.</p>	<p>Nurse Practitioner</p> <p>They can diagnose and treat illness, order and interpret tests, prescribe medication, preventative care and perform procedures.</p>
<p>Nutritional Services</p> <p>They deliver food and prepared meals to caregiver homes to ensure a healthy diet and easier preparation.</p>	<p>In-home Nursing</p> <p>They offer accredited nurses to help with care planning, medications, wound care and other procedures to help a person with illness or injury.</p>
<p>Occupation Therapists</p> <p>They help overcome the physical limitations that interfere with someone's ability to do daily tasks that are important to them.</p>	<p>Physiotherapists</p> <p>They treat disease, injury or impairment using exercise, massage and other physical interventions to improve mobility, strength and reduce discomfort.</p>



Speech/Language Pathologist	Adult Day Programs
They help assess, diagnose, treat and prevent speech and swallowing disorders.	They offer supervised programming in a group setting and include assistance with personal care.
Psychiatrist	Psychologist
They evaluate, diagnose and treat patients with mental, emotional and/or behavioural disorders	They engage in research, practice and reaching across a wide range topics having to do how people think, feel and behave
Psychotherapist	Counsellor
They address the root cause and core issues of current problems so that lasting change and personal growth may occur.	They focus primarily on behavior. It often targets a particular symptom or problematic situation and offers suggestions and advice for dealing with it.



Questions to ask my healthcare team

Caregivers can be **advocates** for the person they care for. Here are **four** questions to consider asking when you interact with healthcare providers.

What is the main concern today?

What needs to be done next?

Why is it important to do this?

Who can I contact if I have questions?



Questions to ask my healthcare team

Please write down questions you would like to discuss with your health care team.

My question	The answer I received
<p>The person who answered the question:</p>	
My question	The answer I received
<p>The person who answered the question:</p>	



Appointment Tracking Sheet

Appointment Date	Provider Name	Location
Date: Time:		<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment
Questions to Ask (i.e. what is my main problem today, what do I need to do next, why is it important)		
Next Appointment Date	Follow up Instructions	
Date: <input type="checkbox"/> We book Time: <input type="checkbox"/> They book		



Appointment Tracking Sheet

Appointment Date	Provider Name	Location
Date: Time:		<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment
Questions to Ask (i.e. what is my main problem today, what do I need to do next, why is it important)		
Next Appointment Date	Follow up Instructions	
Date: <input type="checkbox"/> We book Time: <input type="checkbox"/> They book		



Tests and Procedures

Procedure/Test	Date and Time	Location
	Date: Time:	<input type="checkbox"/> I asked about parking, cost & map
Who ordered the procedure/test?		
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		



Tests and Procedures

Procedure/Test	Date and Time	Location
	Date: Time:	<input type="checkbox"/> I asked about parking, cost & map
Who ordered the procedure/test?		
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		



Communication Log

Question(s) For:	
Date:	
Time:	
Question(s) or Concern(s):	
Response/Follow up:	



Communication Log

Question(s) For:	
Date:	
Time:	
Question(s) or Concern(s):	
Response/Follow up:	



Community Provider Visits

Provider Name and/or Organization	
Visit Date:	
Visit Time:	
This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Visit:	
Next Visit Date & Time:	
Notes:	



Community Provider Visits

Provider Name and/or Organization	
Visit Date:	
Visit Time:	
This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Visit:	
Next Visit Date & Time:	
Notes:	



Community Provider Log

Date	Provider	Notes about Care Provided	See Message Page
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



Community Provider Log

Date	Provider	Notes about Care Provided	See Message Page
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



Messages I have for Community Providers

To:	
Date:	
Time:	
Message:	
Response/Follow up:	



My mobility

This checklist relates to me

Step 1: Work with your physiotherapist on your mobility goals.

Step 2: Review the Home Exercises Program provided by your physiotherapist.

Step 3: Review the checklist below with your caregiver. If there are areas you or your caregiver have questions about please talk to your **Physiotherapist (PT)**.

What should I and my caregiver know and do about my mobility?	Patient: I would like more teaching/ practice	Patient: I know this/ I can do this safely and confidently	Caregiver: I would like more teaching/ practice	Caregiver: I know this/ I can do this safely and confidently	Health Care Provider
Can you move yourself in bed? (e.g., rolling, shifting, lie to sit transitions). Do you know how much help is needed to do this?					
Can you move yourself to/from a bed? Do you know how much help is needed to do this?					
Can you move yourself to/from a toilet or commode? Do you know how much help is needed to do this?					
Can you move yourself to/from a bathtub or shower stall? Do you know how much help is needed to do this?					
Can you move yourself to/from a vehicle? Do you know how much help is needed to do this safely?					
Can you move yourself to/from the floor? Do you know how much help is needed to do this safely?					
Do you know how to move throughout your: • Home • Community					
Can you access your home (stairs, ramps, lifts)?					
Can you reposition yourself in your wheelchair?					



My self-care

This checklist relates to me

Step 1: Work with your Occupational Therapist on your self-care goals.

Step 2: Read any materials provided by the Occupational Therapist.

Step 3: Review the checklist below with your caregiver. If there are areas you or your caregiver have questions about please talk to your **Occupational Therapist (OT)**.

What should I and my caregiver know and do about skin health?	Patient: I would like more teaching/ practice	Patient: I know this/ I can do this safely and confidently	Caregiver: I would like more teaching/ practice	Caregiver: I know this/ I can do this safely and confidently	Health Care Provider
Can you feed yourself? Do you know how to help with this?					
Can you complete your grooming (shaving, brush teeth, wash face)? Do you know how to help with this?					
Can you dress yourself? Do you know how to help with this?					
Can you bathe yourself? Do you know how to help with this?					
Can you complete your toileting (pants up/down & wiping)? Do you know how to help with this? *See the Bowel & Bladder checklist for more information*					



My living skills

This checklist relates to me

Step 1: Work with your Occupational Therapist on your living skills goals.

Step 2: Read any materials provided by the Occupational Therapist.

Step 3: Review the checklist below with your caregiver. If there are areas you or your caregiver have questions about please talk to your **Occupational Therapist (OT)**.

What should I and my caregiver know and do about my living skills?	Patient: I would like more teaching/ practice	Patient: I know this/ I can do this safely and confidently	Caregiver: I would like more teaching/ practice	Caregiver: I know this/ I can do this safely and confidently	Health Care Provider
Can you prepare your meals? Do you know how to help with the preparation?					
Can you manage your medications? Do you know how to help manage medications?					
Can you do your grocery shopping? Do you know how to help with grocery shopping?					
Can you do your household chores? Do you know how to help do household chores?					
Can you write? If you cannot complete these living skills do you have the necessary supports?					



What I might learn about while I am here

Work with your health care team to develop a plan. Review the checklist below with your caregiver. If there are areas you or your caregiver have questions about please talk to your health care team.

What I need to know about and learn to do	Who is helping me to learn this	My progress	As a family caregiver I need to know more about this care item	Our Notes
		<input type="checkbox"/> With a lot of help <input type="checkbox"/> With some help <input type="checkbox"/> With a little help <input type="checkbox"/> By myself		
		<input type="checkbox"/> With a lot of help <input type="checkbox"/> With some help <input type="checkbox"/> With a little help <input type="checkbox"/> By myself		
		<input type="checkbox"/> With a lot of help <input type="checkbox"/> With some help <input type="checkbox"/> With a little help <input type="checkbox"/> By myself		
		<input type="checkbox"/> With a lot of help <input type="checkbox"/> With some help <input type="checkbox"/> With a little help <input type="checkbox"/> By myself		
		<input type="checkbox"/> With a lot of help <input type="checkbox"/> With some help <input type="checkbox"/> With a little help <input type="checkbox"/> By myself		