My Journey

This journal was made possible
by the vision of
Suzanne DePaolis
and
the generous support
of

VasculitisFoundation.org
1.800.277.9474

Rev. 07.01.2019

VasculitisFoundation.org

Medical History

Current/Past Medications						
Name	Dose	Frequency	Starting	Ending	Physician	Purpose

Surgical Procedures				
Date	Procedure	Physician	Hospital	Notes

Major Illnesses				
Illness	Start	End	Physician	Treatment Notes

Vaccinations			
Name	Date	Name	Date
Tetanus			
Influenza Vaccine			
Shingles			
Pneumonia		Other Vaccine	

VasculitisFoundation.org

Family Medical History

Name ______________________________

Mother's Family	Name	Date Of Birth	Serious Illnesses Or Other Medical Conditions And Age At Onset	If Deceased List Cause And Age At Death
Maternal Grandfather				
Sibling				
Sibling				
Sibling				
Maternal Grandmother				
Sibling				
Sibling				
Sibling				
Mother				
Sibling				
Sibling				
Sibling				
Father's Family				
Paternal Grandfather				
Sibling				
Sibling				
Sibling				
Paternal Grandmother				
Sibling				
Sibling				
Sibling				
Father				
Sibling				
Sibling				
Sibling				
Your Family				
You				
Sibling				
Sibling				
Sibling				

Rev. 07.01.2019

VasculitisFoundation.org

Doctor Appointment Log

Date	Hospital/Clinic	Doctor	Reason for Appointment	Tests Taken	Diagnosis	Prescription	Notes

Rev. 07.01.2019

VasculitisFoundation.org

Medical Appointment Log

Name: ______________________________ Doctor: ______________________________

Email: ______________________________

Date	Time	Reason for Visit	Diagnosis/Outcome	Notes	Medication	Dosage

Rev. 07.01.2019

VasculitisFoundation.org

Doctor Comparison Worksheet

Features	Doctor One	Doctor Two	Doctor Three
Clinic/Hospital Name			
Accepts PCP Insurance			
Accepts Mental Health Insurance			
Office Files Insurance Claims			
Doctor Co-Pay			
Hospital Co-Pay per Day			
Maximum Out-of-Pocket Expense			
Proximity to House			
How Long to Make Appointment			
On Call/After Hours Doctor			
Recommendations			
Specializations			
Family Medicine			
Alternative Options			
Receptive and Inquisitive			
Safe/Clean Environment			
Helpful/Friendly Staff			
Responds to Email			
Overall Rating			

Rev. 07.01.2019

VasculitisFoundation.org

Doctor Visit Preparation Form

Doctor's Name: ____________________ Hospital Name: ____________________

Appt. Date: ____________________ Address: ____________________

Appt Time: ____________________ ____________________

I scheduled this appointment because:

____

____

____

____

Questions:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________
10. ____________________

Symptoms:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________

VasculitisFoundation.org

Symptom Log

Date	Time	Duration	Description

VasculitisFoundation.org

Questions About My Treatment

	Question		Answer
1			
2			
3			
4			
5			
6			
7			
8			

VasculitisFoundation.org

Medical Bills and Other Expenses Tracker

Date	Name	Actual Expenses	Paid as on date.	Completed payment?
Name / Specialization of the Doctor or Medical facility visited.			Distance traveled (Miles)	Return trip (Miles)
Other comments about the visit				
Date	Name	Actual Expenses	Paid as on date.	Completed payment?
Name / Specialization of the Doctor or Medical facility visited.			Distance traveled (Miles)	Return trip (Miles)
Other comments about the visit				
Date	Name	Actual Expenses	Paid as on date.	Completed payment?
Name / Specialization of the Doctor or Medical facility visited.			Distance traveled (Miles)	Return trip (Miles)
Other comments about the visit				
Date	Name	Actual Expenses	Paid as on date.	Completed payment?
Name / Specialization of the Doctor or Medical facility visited.			Distance traveled (Miles)	Return trip (Miles)
Other comments about the visit				
Date	Name	Actual Expenses	Paid as on date.	Completed payment?
Name / Specialization of the Doctor or Medical facility visited.			Distance traveled (Miles)	Return trip (Miles)
Other comments about the visit				

VasculitisFoundation.org

Medication List

Name: Date:

Medication Name	Dosage	Purpose	Frequency/Time	Doctor	Notes

Medications Allergic To:

Any Other Comments:

VasculitisFoundation.org

My Allergies

Food Allergies	
Allergic to:	Medication Prescribed:

Natural/Seasonal Allergies	
Allergic to:	Medication Prescribed:

Animals	
Allergic to:	Medication Prescribed:

Medications	
Allergic to:	Medication Prescribed:

Other Allergies	
Allergic to:	Medication Prescribed:

VasculitisFoundation.org

Medication Dosing Schedule

Date	Medication	Before Breakfast (empty stomach)	At Breakfast (with food)	Mid-morning	Before Lunch (empty stomach)	At Lunch (with food)	Mid-Afternoon	Before Dinner (empty stomach)	At Dinner (with food)	At Bedtime	Other	Notes

Reminder: Be sure to include prescription and over-the-counter medications, as well as vitamins and supplements.

Rev. 07.01.2019

VasculitisFoundation.org

Medication Refill Log

Medication	Date of Next Refill	Filled

VASCULITIS FOUNDATION

VasculitisFoundation.org

Pill Identification Chart

Medication	Dosage	Frequency	Picture	Shape	Color	Size	Side A Text	Side B Text

Vasculitis Foundation

VasculitisFoundation.org

Visual Pill Chart

Picture or Drawing (Color, Shape, Markings)	Brand Name / Generic Name	Dosage	Frequency	Start Date	End Date (Reason)	Purpose	Side Effects

Comments:

VasculitisFoundation.org

Vitamin and Supplement Log

Date:

Vitamin/Supplement Manufacturer	Dosage Units RDA	Frequency Time	Doctor	Date Started	Purpose	Comments Side Effects

VasculitisFoundation.org

Surgical History Record

Date of Procedure	Surgeon	Description of Procedure/Surgery	Rehabilitation	Medication Prescribed

Notes:

VasculitisFoundation.org

Lab, X-Ray & Special Procedure Results Record

Name of Test	Date	Test Result	Conducted by	Diagnosis Summary

VasculitisFoundation.org

Dental Work Record

Dentist: ______________________ Phone No. ______________________

Email: ______________________

Date of Initial Symptoms	Nature of Injury/Symptoms	Injured/Affected Tooth	Description of Dental Work Done	Date of Dental Work

Rev. 07.01.2019

VasculitisFoundation.org

Blood Pressure Tracking Chart

Date	Time	Systolic	Diastolic	Heart Rate	Date	Time	Systolic	Diastolic	Heart Rate	Date	Time	Systolic	Diastolic	Heart Rate
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				
/ /					/ /					/ /				

Rev. 07.01.2019

VasculitisFoundation.org

Blood Pressure Readings

Week Of							
(Sys/Dia)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Waking	/	/	/	/	/	/	/
Morning	/	/	/	/	/	/	/
Noon	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Bedtime	/	/	/	/	/	/	/

Week Of							
(Sys/Dia)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Waking	/	/	/	/	/	/	/
Morning	/	/	/	/	/	/	/
Noon	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Bedtime	/	/	/	/	/	/	/

Week Of							
(Sys/Dia)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Waking	/	/	/	/	/	/	/
Morning	/	/	/	/	/	/	/
Noon	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Bedtime	/	/	/	/	/	/	/

Week Of							
(Sys/Dia)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Waking	/	/	/	/	/	/	/
Morning	/	/	/	/	/	/	/
Noon	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Bedtime	/	/	/	/	/	/	/

Week Of							
(Sys/Dia)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Waking	/	/	/	/	/	/	/
Morning	/	/	/	/	/	/	/
Noon	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Bedtime	/	/	/	/	/	/	/

VasculitisFoundation.org

Blood Sugar Tracker

Week Starting ___/____/___

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Breakfast	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
Lunch														
Dinner														
Bed Time														

Week Starting ___/____/___

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Breakfast	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
Lunch														
Dinner														
Bed Time														

Week Starting ___/____/___

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Breakfast	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
Lunch														
Dinner														
Bed Time														

Rev. 07.01.2019

VasculitisFoundation.org

Cholesterol Levels Tracker Chart

Date	Cholesterol	HDL	LDL	Triglycerides	Comments / Notes
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Rev. 07.01.2019

VasculitisFoundation.org

Blood Glucose Testing Record

Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes
Date		Morning	Lunch Time	Dinner	Bedtime	Notes

VasculitisFoundation.org

AM/PM Insulin Shot Record

Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					
Date		Time	Blood Sugar Level	Insulin Injected	Quantity	Site Where Injected
	AM					
	PM					

VasculitisFoundation.org

Blood Coagulation Records Tracker

Notes:

Date MM/DD/YY	PT (sec)	INR	Current Coumadin Dose	Notes / Comments	Medical Personnel
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

VASCULITIS FOUNDATION
VasculitisFoundation.org

Pain Tracker

Date	Time	Indicate the place & intensity of pain experience				What were you doing at the time you experienced pain?	What medication or other steps did you take to alleviate pain?
		No Pain	Mild Pain	Moderate Pain	Severe Pain		
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						
/ /	AM PM						

Rev. 07.01.2019

VasculitisFoundation.org

Body Pain Indicator Chart

Date: ______________

Use a pencil or pen to indicate the body areas where you are experiencing pain or discomfort.
Please add notes as needed

Front

Back

VasculitisFoundation.org

Oximeter Reading Log

Start Date:

Date	Pulse Oxygen Saturation Level (%)	Time	Pulse Rate	Level of Activity	☑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑
					❑

VasculitisFoundation.org

Asthma Peak Flow Chart

Name: ______________________________ Week Beginning: ______________________

Peak Flow Zones: Green Zone: ____________ Yellow Zone: ____________ Red Zone: ________

Prescribed Medication (Including Dose & Frequency):

Peak Flow Recording Times: __________AM _____________PM

Day	Sunday				Monday				Tuesday				Wednesday				Thursday				Friday				Saturday			
Time		AM	PM			AM	PM			AM	PM			AM	PM			AM	PM			AM	PM			AM	PM	
Your Peak Flow Rates																												
600																												
550																												
500																												
450																												
400																												
350																												
300																												
250																												
200																												
150																												
100																												
Change in medication																												
Notes																												

VasculitisFoundation.org

Monthly Headache Log

Month: ______________________________

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:
Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:
Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:
Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:
Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers::	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:	Date: ________ Type: Remedy: Triggers:

Rev. 07.01.2019

VasculitisFoundation.org

Seizure Record

Date	Time	Activity Preceding Seizure	Duration of Seizure	Injuries		Notes
				Yes	No	

Medications	Dose And Schedule

VasculitisFoundation.org

Seizure Action Plan

Name: ______________________ Date: ____________

Guardian: ______________________ Phone No. ____________

Emergency Contact: ______________________ Phone No. ____________

Doctor: ______________________ Phone No. ____________

Current Medications

Name	Purpose	Dosage	Frequency

Allergies

____

____

____

Seizures

Type	Length	Frequency	Triggers/Warning Signs

Basic Seizure Care Instructions

____

____

Emergency Seizure Description and Care Instructions

____

____

____

____

VasculitisFoundation.org

Weekly Arthritis Tracker

Record For The Week Starting:							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Pain & Other Symptoms Noticed							
Feet							
Ankles							
Knees							
Hands							
Wrists							
Neck							
Shoulders							
Hips							
Back							
Headache/Pain							
Issues Noticed							
Sleep (Quality)							
Hours Slept							
Moodiness							
Tiredness							
Dizziness / Vertigo							
Other							
Other							
Misc							
Weather							
Mental/Emotional Issues							
Stress							
Activity							
Medications							
Metoprolol							
Plaquenil							
Nsaid (Naproxin/Ibuprofen)							
Prevacid							
Herbal/Alternative Medicines							
Multivitamin							
Sleep Aid							
Analgesic (Tylenol/Vicodin)							
Other							
Other							

VasculitisFoundation.org

Wound or Injury Care Tracker Chart

Date & Time	Location of Wound	Wound Description & Measurement	Injury/Condition Background	Treatment Prescribed	Date & Time of Next Dressing Change	Odor Present		Increased Drainage		Healing?	
						Y	N	Y	N	Y	N

Rev. 07.01.2019

VasculitisFoundation.org

Fever Diary

Date	Time	Temperature	Medication/Dosage	Notes
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			
/ /	: AM / PM			

Rev. 07.01.2019

VasculitisFoundation.org

Bowel Movement Tracker

Date	Bowel Movement		Regular Describe Stool Condition / Color	Constipation Describe Stool Condition / Color	How Many Times Did You Pass Stools?				Treatment/Bowel Aids.
	Yes	No							

Date	Time	Abnormal Stools (Describe In Detail)

VasculitisFoundation.org

Physical Therapy Log

Date	Time	Therapy Type	Therapist	Physician	Notes

Rev. 07.01.2019

VasculitisFoundation.org

Sleep Diary

Diary Started On ____________________ Remarks / Notes ____

Medications Used ____

							Midnight												Noon						
Day	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	Comments

Instructions: In the table above, use ‘S’ to indicate your sleep hours and ‘U’ to indicate hours when you were awake.

Rev. 07.01.2019

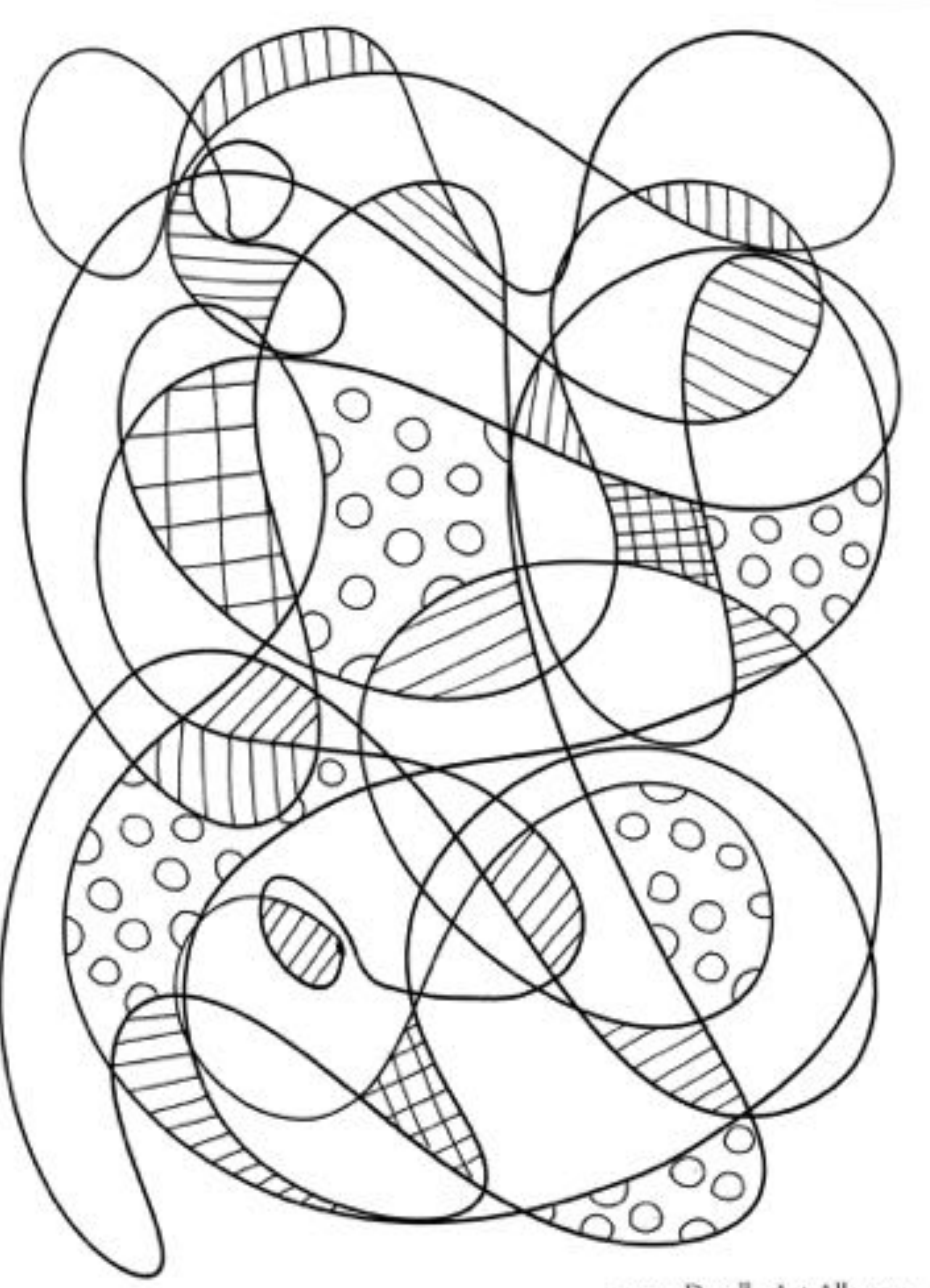
VasculitisFoundation.org

Exercise Log

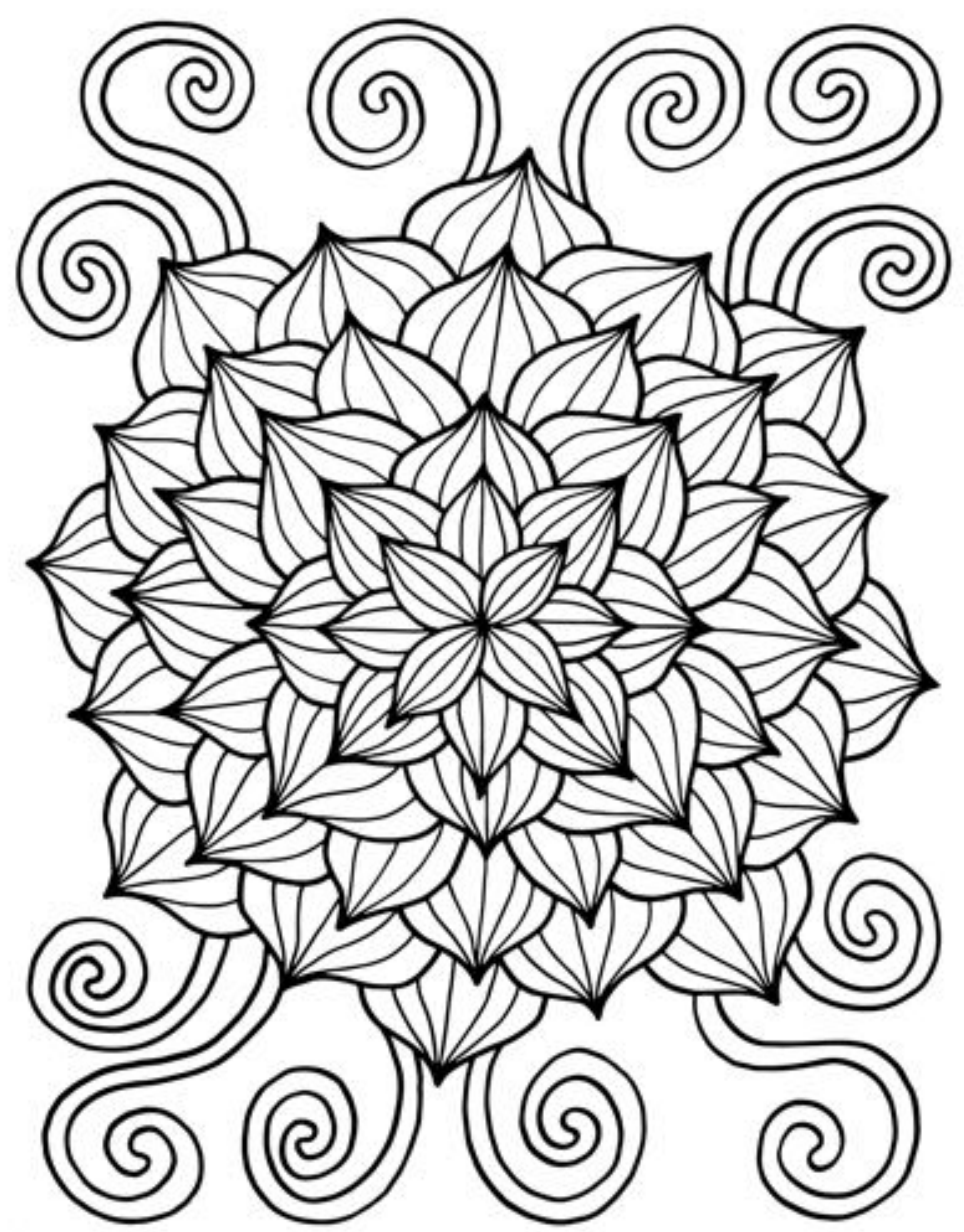
Date	Exercise Type	How Long	Comments	Calories Burned

© Thaneeya McArdle, *www.thaneeya.com*. From *More Good Vibes Coloring Book* © Design Originals, *www.D-Originals.com*

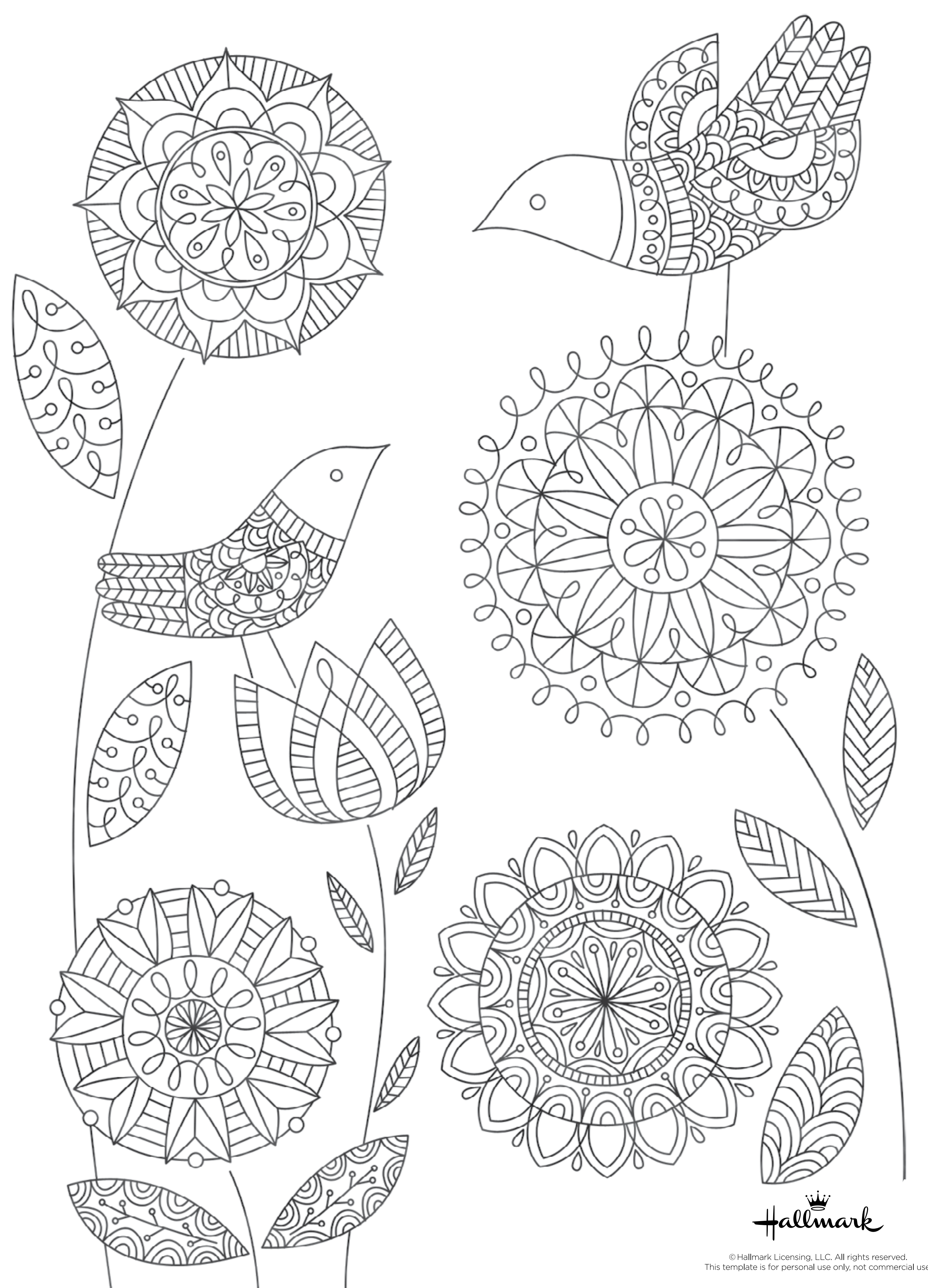
Doodle Art Alley ©



www.Doodle-Art-Alley.com



(cc) BY-NC-SA



© Hallmark Licensing, LLC. All rights reserved.
This template is for personal use only, not commercial use.

FOLLOW YOUR HAPPY

© Hallmark Licensing, LLC. All rights reserved.
This template is for personal use only, not commercial use.

LIFE is full of SURPRISES.

BRING CONFETTI

© Hallmark Licensing, LLC. All rights reserved.
This template is for personal use only, not commercial use.

© Valentina Harper, www.valentinadesign.com