

# Chronic Health Journal

## Regaining Control of Your Life

By Olav Folland, based on an idea by Kat Folland

**This journal owned by:** \_\_\_\_\_

If found, please call/email: \_\_\_\_\_

Or mail to: \_\_\_\_\_

\_\_\_\_\_

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### **If I am in distress, please call 911 and then:**

My MedicAlert/Medical Tag is: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

**Please alert first responders of this journal and that an abbreviated medical history is available on the following pages.**

**This journal is intended as a medical document to help qualified medical personnel evaluate, diagnose, and treat one or more medical illnesses. As such, any use by other than qualified medical personnel in the course of treating the patient is strictly forbidden and may be in violation of HIPAA and other privacy laws. Please treat this document with respect as it is a vital tool for medical professionals to follow personal trends and correlate events with symptoms. If all attempts to contact the owner, primary, or secondary contacts fail, please destroy this document in a secure manner (i.e., use it as a fire lighter)**

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This PDF available at <http://www.follandfamily.com>

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**Hospital:** \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specialists:**                      Doctor                      Phone

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**I am currently being treated for:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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**Allergies:**                      Reaction                      Treatment

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Day: \_\_\_\_\_ Date: \_\_\_\_\_ Weather: \_\_\_\_\_ Day Index Rate today 1-10  
|+++++|+++++|

**FOOD:**  
Breakfast: Time and food are good. Quantity probably only  
matters if you had 57 pancakes, or could barely finish one.  
Lunch: \_\_\_\_\_  
Dinner: \_\_\_\_\_  
Snacks: \_\_\_\_\_

**PRN MEDS:**  
List any medications that you've  
been prescribed "as needed" that  
you've taken today.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SLEEP:**  
Bed: \_\_\_\_\_ Wake: \_\_\_\_\_ Hours: \_\_\_\_\_  
Quality Bed time, wake-up, total sleep (subtracting interruptions)  
and any comments on how well you slept (or didn't)

**TO DO:**  
List anything you need to do today  
that requires mental or physical  
exertion. Strike through what  
you've accomplished.

**PAIN:** Best (1/10) Worst (1/10) **MIND:** Fatigue (1/10) Fog (1/10)  
**Comments:** \_\_\_\_\_  
Rate your day 1-10 as far as pain and fatigue goes. What was your  
best of the day? Worst of the day? How much energy did you  
have today? List anything noteworthy in the comments.

(Sometimes taking a shower  
counts)  
It can also be a good place to put  
things you accomplished, but  
didn't plan on doing.

**STRESSORS:** Was there anything noteworthy today that would  
have especially affected your mood/fatigue, etc? ex: wedding

**EXERCISE:** Any exercise,  
including walks and physical  
stretches and things prescribed  
by your physical therapist.

**THERAPIES:** Meditation,  
breathing exercises, hot baths  
massage, TENS, etc.

**ADDITIONAL COMMENTS:** Anything noteworthy that doesn't fit  
anywhere else should go here.  
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