



Personal Health Care Journal

U.S. Administration for Community Living

Massachusetts Senior Medicare Patrol Program

Take an active role in your own health care!

800-892-0890 or at www.MASMP.org

If found, please return to doctor's office (Page 4).



➤ **Protect** Your Personal Information

- Treat your Medicare, Medicaid and Social Security numbers like a credit card number.
- Remember: Medicare will not call you or visit to sell you anything!
- Save Medicare Summary Notices (MSN) and all of your Explanation of Benefits (EOB). Be sure to shred all documents when they are no longer useful.

➤ **Detect** Errors, Fraud and Abuse

- Always review your MSNs, EOBs and all other statements for mistakes.
- Compare your Part D EOBs to prescription drug receipts and your medication entries in this journal.
- Visit www.MyMedicare.gov to access your Medicare account online. Make sure to look for: Charges for something you didn't get, billing for the same thing twice, services that were not ordered and/or provided by your doctor and any other questionable charges.

➤ **Report** Mistakes or Questions

- If you suspect errors, fraud or abuse, report it immediately! Call your medical provider or insurance plan first. If you are not satisfied with their response, call the Massachusetts Senior Medicare Patrol (SMP) Program at 800-892-0890.

Directions for using your Personal Health Care Journal

- Take this journal to all your appointments.
- Ask yourself these questions before your health care appointment:
 - Is this appointment going to be covered by Medicare and/or my other insurance?
 - What are my symptoms? When did they start? What makes them better or worse?
 - What over-the-counter and/or prescription medications am I taking?
 - See Page 48 of this journal for additional questions.
- Write down the answers to these questions, as well as what happens during your visit, in this journal.
 - Make sure that you understand what your physician(s) are telling you before leaving your appointment(s). If you don't understand, ask them to explain what they are telling you in a different way.
- Take this journal with you when you travel in case of an emergency.
- Use this journal when checking your MSNs, EOBs and all other healthcare related paperwork for accuracy.

Massachusetts Important Contacts

Massachusetts SMP (Senior Medicare Patrol) Program	1-800-892-0890	www.masmp.org www.medicareoutreach.org
Attorney General's Office Elder Hotline	1-888-243-5337 TTY 617-727-4765	www.mass.gov/AGO
Centers for Medicare and Medicaid Services (CMS)	1-800-MEDICARE 1-800-633-4227 TTY 1-800-486-2048	www.medicare.gov
Eldercare Locator	1-800-677-1116	www.eldercare.gov
Executive Office of Elder Affairs (EOEA)	1-800-243-4636	www.800ageinfo.com
Federal Trade Commission (FTC) ID Theft Hotline	1-877-438-4338	www.consumer.gov/idtheft
Fraud Tips Hotline Health Human Services Office of Inspector General	1-800-HHS-TIPS	www.oig.hhs.gov
Livanta - Massachusetts' Quality Improvement Organization and Beneficiary and Family Centered Care QIO	1-866-815-5440	www.bfccqioarea1.com

Massachusetts Important Contacts

Long Term Care Ombudsman Program	1-800-243-4636	www.ltcombudsman.org
MassHealth (Medicaid)	1-800-841-2900 TTY 1-800-497-4648	www.mass.gov/masshealth
Medicare	1-800- MEDICARE (1-800-633-4227) TTY 1-877-486-2048	www.Medicare.gov
Medicare Advocacy Project (MAP)	1-800-323-3205 617-371-1234	www.gbls.com
Prescription Advantage (PA) - States' Prescription Assistance Program	1-800-AGE-INFO (1-800-243-4636)	www.800ageinfo.com
Serving The Health Insurance Needs of Everyone (SHINE) Program	1-800-AGE-INFO (1-800-243-4636)	www.mass.gov/elders/health-care
Social Security Administration (SSA)	1-800-772-1213 TTY 1-800-325-0778	www.ssa.gov

Personal Information

Name:

D.O.B.

Emergency Contact:

Phone Number: ()

Doctor's Name (PCP):

Phone Number: ()

Clinic Name:

Phone Number: ()

Pharmacy:

Phone Number: ()

Language of Preference:

Power of Attorney: Yes___ No___

Health Care Proxy: Yes___ No___

Living Will: Yes___ No___

Name of Proxy:

Phone Number: ()

Family History & Health Problems/Medical Conditions

Allergies: Yes___ No___	Family History/Medical Conditions	Impairments
<input type="radio"/> Aspirin <input type="radio"/> Sulfa	<input type="radio"/> Alcohol Abuse	<input type="radio"/> Breathing
<input type="radio"/> Barbiturate <input type="radio"/> Tetracycline	<input type="radio"/> Bleeding Disorder	<input type="radio"/> Hearing
<input type="radio"/> Codeine <input type="radio"/> X-Ray Dyes	<input type="radio"/> Cancer	<input type="radio"/> Learning
<input type="radio"/> Demerol <input type="radio"/> Latex	Specify Type: _____	<input type="radio"/> Cognitive
<input type="radio"/> Lidocaine <input type="radio"/> Insect Stings	<input type="radio"/> Cataracts	<input type="radio"/> Mobility
<input type="radio"/> Morphine <input type="radio"/> Peanuts	<input type="radio"/> Heart Disease	<input type="radio"/> Speech
<input type="radio"/> Novocaine <input type="radio"/> Shellfish	<input type="radio"/> Hemodialysis	<input type="radio"/> Vision
<input type="radio"/> Penicillin <input type="radio"/> Other	<input type="radio"/> High Blood Pressure	<input type="radio"/> Other

Please Indicate:

Personal Habits

Drink Alcohol: Y__ N__ [] drinks per week Exercise: Y__ N__ [] times per week

Currently Smoke: Y__ N__ [] cigarettes per day Former Smoker: Y__ N__ for [] years

Current Medical Conditions

Date of Diagnosis	Medical Condition/Diagnosis	Doctor(s)

Current Medical Conditions

Date of Diagnosis	Medical Condition/Diagnosis	Doctor(s)

Tests, Screenings and Other Services

For a complete and more comprehensive description of tests, screenings and other services covered by Medicare, see your **Medicare & You** book for the current year. If you need a **Medicare & You** book, visit www.Medicare.gov or call 1-800-633-4227.

List of Hospitalizations, Other Procedures and Surgeries

Date	Hospital/Clinic	Procedure/Surgery	Reason

List of Hospitalizations, Other Procedures and Surgeries (continued)

Date	Hospital/Clinic	Procedure/Surgery	Reason

List other Physicians/Specialists

Physician/Specialist Name	Phone Number	Specialty

List other Physicians/Specialists

Physician/Specialist Name	Phone Number	Specialty

Use pages 12 to 15 to record all of your appointments.

Use pages 16 and 17 to record your immunizations.

Use pages 18 to 23 to record all your medications.

Use pages 24 and 25 to record durable medical equipment and other medical supplies.

Use pages 26 to 45 to record your medical experience. Be sure to write your questions, symptoms, problems and record all answers and explanations given by your doctor(s).

Date	Physician/Phone Number	Reason for Visit	Outcome

List of Appointments

Date	Physician/Phone Number	Reason for Visit	Outcome

List of Appointments

Date	Physician/Phone Number	Reason for Visit	Outcome

The US Centers for Disease Control and Prevention recommends the following immunizations for adults aged 21 and older. Each vaccine has its own dose recommendation based on age, medical experience, and other individual indicators. Your personal care physician can provide guidance on which of these vaccines are appropriate for you.

Vaccine	Date Given	Next Dose Due
Influenza		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Measles, Mumps and Rubella (MMR)		

Vaccine	Date Given	Next Dose Due
Meningococcal		
Pneumococcal		
Tetanus, Diphtheria, Pertussis		
Varicella		
Zoster (Shingles)		
Other		

If you have questions about your vaccines or dates of vaccinations, you should consult with your provider(s). If they are participating providers, they may access your information through the Massachusetts Immunization Information System (MIIS). As a consumer you can get information and guidance by visiting www.contactmiis.info.

Be sure to list all prescribed medications and any “over the counter” medications, vitamins and supplements.

Often doctors and pharmacists use medical abbreviations that may cause confusion because they are not always familiar or obvious. The following abbreviations may appear on the labels of your prescriptions and medications:

prn – as needed

qd – everyday

bid – twice a day

tid – three times a day

qid – four times a day

ac – before meals

pc – after meals

hs – at bedtime

po – by mouth

qod – every other day

od – right eye

os – left eye

Use this space to list all your medications and track any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Use this space to list all your medications and track any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Use this space to list all your medications and track any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Use this space to list all your medications and track any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Use this space to list all your medications and track any changes that your provider makes.

Drug Name	Dosage	Directions	Purpose	Date Started

Medical Supplies and Equipment

Use this page to list durable medical equipment and supplies including walkers, wheelchairs, electric scooters, and CPAP machines and all other.

Date	Equipment	Provider of Equipment	Prescribing Doctor

Medical Supplies and Equipment

Date	Equipment	Provider of Equipment	Prescribing Doctor

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from the Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

Your Medical Experience:

Date:

Provider:

Question/Symptoms/Problems

Answers/Explanations

Services ordered and received (check-up, labs, x-ray, physical therapy, visiting nurse, etc.)

Care Plan/Special Instructions from Physician/Care Provider

Personal Health Data

Weight:

Blood Pressure:

Cholesterol:

Blood Sugar:

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

1. Do I really need this test or procedure?

2. What are the risks and side effects?

3. Are there simpler, safer options?

4. What happens if I don't do anything?

5. How much does it cost, and will my insurance pay for it?

Some medical tests, treatments, and procedures may not help you. And some of them might cause harm. **Use these 5 questions to talk to your doctor about which tests, treatments, and procedures you need – and which you don't need.**

These five questions were developed by Consumer Reports for the Choosing Wisely® Campaign, an initiative of the ABIM Foundation. For more information, please visit www.ConsumerHealthChoices.org/Choosing.

Your Massachusetts Senior Medicare Patrol (SMP) Program offers the following:

- SCREENING healthcare bills and/or Medicare Summary Notices for possible errors, or obvious fraud and abuse of Medicare and Medicaid programs.
- INFORMATION about how to protect yourself, report and respond to healthcare scams.
- ASSISTANCE with contacting your doctor or other healthcare providers to discuss billing problems if you are not comfortable doing it yourself.

To reach the MA SMP call 800-892-0890 or visit www.MaSMP.org.

Funded in part by a grant from the U.S. Department of Health and Human Services, Administration for Community Living.



Protect Detect Report

Massachusetts Senior Medicare Patrol Program

800-892-0890 or at www.MASMP.org

Elder Services of the Merrimack Valley, Inc.



Choices for a life-long journey

Massachusetts SMP Program

280 Merrimack Street, Suite 400, Lawrence, MA 01843
800-892-0890 • www.masmp.org • www.medicareoutreach.org

