How to Keep a Medical Journal

This section of your *Keeping It All Together* notebook is called a medical journal. A medical journal is a place to gather and record medical information. It will be helpful for many reasons:

- You and your service member will be able to stay organized and find information easily, including information you may need when applying for benefits.
- Future caregivers will be able to contact specialists who have provided care and locate medical records as they adapt treatment plans for your service member.
- It will help you send thanks, if you want to, to people who have provided care.

This journal was designed with advice from family members of other wounded, ill, or injured service members. Here are some suggestions from them:

Make it yours

Rearrange sections, add more tabs and pages, highlight or color-code items. Change it as much as you want so it meets your needs and is easy to use.

Make it a habit

It can be helpful to set aside a regular time every day for recording medical information. If you skip a few days you may find that important information is lost and that it takes a lot of work to catch up again.

Record personal as well as clinical information

You may want to supplement this medical journal with a spiral-bound notebook or a calendar with large spaces you can write in. This way you can write down things that happened, including important medical events like x-rays or scans, small milestones like eating without help, or your feelings about the recovery process. It will help you keep track of the recovery process and is likely to become a treasured personal record later on. You might also want to record notes about your service member's feelings and states of mind, which could be valuable to a mental health professional.

Recovery Team Contacts

At each military treatment facility a team of medical and non-medical personnel will work together to meet your service member's needs. These are your service member's "Recovery Team." You can record their contact information here.

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

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_____

Name _____ Title _____

Medical Specialty _____ Telephone _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

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Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

_____

_____

Admission and Discharge Information

It's important to keep a record of the dates of admission and discharge for each medical facility where your service member receives treatment, starting with the first facility. Be sure to include information about admission and discharge dates for hospitals overseas.

Medical facility #1

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #2

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Admission and Discharge Information

It's important to keep a record of the dates of admission and discharge for each medical facility where your service member receives treatment, starting with the first facility. Be sure to include information about admission and discharge dates for hospitals overseas.

Medical facility #1

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #2

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #6

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #7

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #8

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #6

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #7

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical facility #8

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

_____

Medical Procedures

Please keep track of information about major medical procedures here.

Major medical procedures (for example, surgery or new treatments)

Procedure #1

Kind of procedure _____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #2

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #3

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #4

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #5

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #6

Kind of procedure _____

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_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #5

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #6

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

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Procedure #9

Kind of procedure _____

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Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

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Procedure #10

Kind of procedure _____

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Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #11

Kind of procedure _____

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_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Procedure #12

Kind of procedure _____

_____

_____

Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

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Procedure #13

Kind of procedure _____

_____

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Name of medical care provider _____

Contact information for medical care provider _____

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Date performed/started _____

Where the procedure was performed (name of medical center) _____

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Procedure #14

Kind of procedure _____

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Name of medical care provider _____

Contact information for medical care provider _____

_____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

_____

Understanding Medication

A detailed record of every medication will be a valuable resource for you and for future care providers. Make sure to write down all of the information, including the dosage, frequency, and duration of each medication. You may need to ask the nurses to help you gather and understand this information.

Dosage means the *strength* of the medication, or the *amount given* each time. For example, "500 mg capsules" or "2 tablespoons."

Frequency means *how often* the medication is administered. For example, "Every six hours as needed for pain management" or "Twice daily with meals."

Duration means the *length of time* for which the medication is administered. For example, "21 days" or "One-time injection."

Side effects

It is also important to write down what you notice about your service member's reactions to each medication. Many medications have side effects that cause different reactions in different people. If you can, learn the possible side effects of the medications being prescribed so you can spot negative reactions and inform medical providers quickly.

Drug interactions

Medications can sometimes interact with other drugs, creating negative reactions or cancelling positive effects. In a hospital setting with many care providers and prescription drugs, it is a good idea to ask about interactions between medications.

Kinds of delivery

Medications can be given in a variety of ways. The most common methods of delivery include:

Oral – Through the mouth in the form of pills, liquid, or powders dissolved in liquid.

Topical – Through the skin by way of creams, ointments, or patches.

Injection – Injection into the skin (also called "shots").

IV (Intravenous) – Medication is mixed with water or saline solution and added directly to the bloodstream.

Suppository – A pill or other medication form inserted into the rectum.

Supplements – Pills or other medication forms that aren't necessarily medicinal but are recommended for health, such as vitamins, minerals, or herbal supplements.

Medication Information

Medication #1

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

_____

_____

_____

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_____

Medication #2

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #3

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #4

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #5

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #6

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #7

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #8

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #9

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #10

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #11

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Medication #12

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

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Rehab Information

Many injured service members start rehabilitation or "rehab" services and treatment in the hospital and then transfer to a rehab facility or center for specialized care. Rehab professionals often need details about a service member's recent progress and goals. Please keep track of information related to rehab here.

#1

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

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Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#2

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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_____

#3

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#4

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

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Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#5

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

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Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#6

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#7

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#8

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#9

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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#10

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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_____

#11

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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_____

#12

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

_____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

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Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

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Discharge Instructions

You will receive "discharge instructions" when leaving the medical facility. These instructions will provide important information about medication and follow-up care.

You can keep discharge instructions in a pocket in this notebook. You can write down other discharge information here:

Questions You Want to Ask

You are likely to have questions about your service member's recovery and care. Be sure to write these questions down so you will remember to ask them when you have the opportunity to talk with care providers. You can also keep track of the answers on these pages.

Question #1

_____

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Answer

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Question #2

Answer

Question #3

Answer

Question #4

Answer

Question #5

Answer

Question #6

Answer

Question #7

Answer

Question #8

Answer

Question #9

Answer

Question #10

Answer

Question #11

Answer