

# SAVE THE PATIENT HEALTH CARING CARD



## ***It is your RIGHT***

1. To be treated with dignity and respect
2. To ask questions
3. To receive information from your doctor
4. To request a person to communicate with you in your own language
5. To receive your medical records
6. To obtain a second opinion
7. To tell your doctor your symptoms, concerns, or other personal, religious or cultural beliefs
8. To privacy



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## ***What should you do before you go to the doctor or hospital?***

1. Bring list of medicines you take
  - How many times per day and dosage
  - Vitamins, herbal, over-the-counter medicines
2. Bring your insurance card and know your benefits
3. Know your medical history
4. Write down what is bothering you
5. Bring a list of questions for your doctor
6. Call in advance of visit to request someone to help who speaks your language
7. Inform them of your need to have a doctor, man or woman, based on your religious or cultural beliefs
8. If you can, bring a relative or friend with you

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## ***At the doctor's office, clinic or hospital:***

- You can ask the doctor to explain, repeat or write down what you do not understand or want to remember
- During or after the exam, you may ask:
  1. What is wrong with me?
  2. What is the reason?
  3. Is there a name for this illness?
  4. What does this fever or pain mean?
  5. What causes this problem?
  6. What do we do?
  7. What are the tests you want me to take?
  8. Why do I need them?
  9. Are there risks?
  10. If I need surgery, what are the risks?
  11. Do I have other choices?
  12. If not, I want a second opinion.



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## ***Questions for your doctor and pharmacist:***

1. What medicines are you giving me, and why?
2. When should I take these medicines?
3. How long should I take them? Are there side effects?
4. Is it safe to take this with other medicines?
5. What should I do if I don't feel better?

**Reminder:** Keep a list of medications you take in your wallet with the name, dose, and how often you take them. Include vitamins, herbal and over-the-counter medicines.

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## **HEALTH HISTORY EMERGENCY HELP**

Name \_\_\_\_\_

Person to Call \_\_\_\_\_

Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

### ***I have these illnesses:***

Heart Disease \_\_\_\_\_ HIV/AIDS \_\_\_\_\_ Dose: \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_ Dose: \_\_\_\_\_

Asthma/Lung Disease \_\_\_\_\_ Cancer \_\_\_\_\_ Dose: \_\_\_\_\_

Stomach Problems \_\_\_\_\_ Dose: \_\_\_\_\_

Liver Disease \_\_\_\_\_

Anemia/Blood Disease \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Anxiety \_\_\_\_\_

Depression \_\_\_\_\_ Other \_\_\_\_\_

I am allergic to \_\_\_\_\_

**SAVE THE PATIENT 312.440.0630**

**www.SAVETHEPATIENT.org**

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