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The Congestive Heart Failure Personal Health Record

Keeping a close eye on every aspect of your general health is especially important if you have CHF. Use the charts provided here to record your personal health details including the dates and results of your regular check-ups. Please use this Personal Health Record as a reminder of when your next doctor's visit is due.

Your details

Policy number

Medicare number

Surname

First name

Initial

Title

Contact person in an emergency

Contact's phone number

List of medications

(Place an "X" at the time slot when you have been advised by your doctor to take your medication)

| DRUG NAME | DOSE | BREAKFAST | MID-MORNING | LUNCHTIME | MID-AFTERNOON | DINNER | AT BEDTIME |
|-----------|------|-----------|-------------|-----------|---------------|--------|------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |

Physical activity program

Week 1

| DAY | TYPE OF ACTIVITY | DURATION OF ACTIVITY |
|-----------|------------------|----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Week 2

| DAY | TYPE OF ACTIVITY | DURATION OF ACTIVITY |
|-----------|------------------|----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Physical activity program

Week 3

| DAY | TYPE OF ACTIVITY | DURATION OF ACTIVITY |
|-----------|------------------|----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Week 4

| DAY | TYPE OF ACTIVITY | DURATION OF ACTIVITY |
|-----------|------------------|----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Doctor's details

Name

Address

POSTCODE

Phone number

Mobile number

Email address (if applicable)

Cardiologist details

Name

Address

POSTCODE

Phone number

Mobile number

Email address (if applicable)

133 234

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G012365 05/07