

Journal for My Hospital Visit

Greater Cincinnati **Health Council**

If it involves health,
we're involved.

It's OK to ASK Campaign

This Journal Belongs to:

About this Journal

This journal should be filled out during your hospital visit to help you organize all of the information you receive during your stay. It provides a space for you to write down things like questions you may have for your doctor and your doctor's responses. You can also record your potential new symptoms, tests, procedures, new medications, follow-up visits and more.

If Possible, Bring to the Hospital

- ◆ A current list of all your medications, doses, and when you take them.
- ◆ Your medical insurance card

Hospital Visit Information

Hospital Name: _____

Room Number: _____ Room Phone Number: _____

Doctor Name: _____

Nurse Name: _____

Nurse Name: _____

Date of Admission: Month/Day/Year: _____ Time: _____

Date of Discharge: Month/Day/Year: _____ Time: _____

Notes

Questions for My Doctor

Questions I have for my Doctor:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

My Doctor's Answers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

New Medications Prescribed

New Medication: _____

Reason for Taking: _____

Dosage: _____

When taken: _____

New Medication: _____

Reason for Taking: _____

Dosage: _____

When taken: _____

Ask your doctor to provide you with an updated printed list of all of your medicines.

Notes

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