



YOUR HEALTH DIARY

You should use this diary to:

- Learn about what questions you should ask your doctor about your treatment
- Fill in medications and other important information you should have at hand
- Share information with your family and friends who will be helping you

The health information contained in this publication is provided for educational purposes only and is not intended to replace your discussions with a healthcare professional. All decisions regarding your care must be made with a healthcare professional who can consider the unique aspects of your health.

A Road Map to Help Manage Your Care

About atrial fibrillation, or AFib

You have been diagnosed with AFib. It occurs when 1 or both of the upper chambers (the atria) of the heart beat erratically and are out of sync with the 2 lower chambers of the heart (the ventricles). One of the biggest concerns with your diagnosis is the formation of a blood clot in your heart that can travel to your brain and cause a stroke.¹

About ischemic stroke

An ischemic stroke occurs when a clot lodges in an artery supplying blood to the brain, reducing blood flow, and depriving part of the brain of oxygen and nutrients. The most important way to reduce your risk of ischemic stroke due to AFib is by reducing the chance of blood clots forming.¹

Lowering your risk of ischemic stroke

By partnering with your doctor, you may be able to reduce your risk of ischemic stroke. Your doctor may decide you should take a type of blood-thinning medicine called an anticoagulant (ant-i-co-AG-you-lant). This type of prescription medicine helps to reduce the chance of blood clots forming by targeting certain clotting factors in your blood. Since anticoagulants lessen the ability of your blood to clot, they can increase your risk of bleeding, which can be serious and sometimes lead to death.



In AFib, the upper chambers of the heart—called the atria—don't beat the way they should.

My Physician & Prescription Information

My primary doctor's name: _____

Phone: _____

Other doctors I see

1 Name: _____

Specialty: _____

Phone: _____

2 Name: _____

Specialty: _____

Phone: _____

3 Name: _____

Specialty: _____

Phone: _____

I refill my prescriptions at (eg, pharmacy or mail order): _____

Their contact info is: _____

I am allergic to: _____

Information about my prescription benefits

Drug plan coverage: _____

Phone: _____

My Medication Diary²

All medications, both prescription and non-prescription, including vitamins and herbal supplements

Medicine name (brand name, generic name, strength)	This looks like	How many and how often	How I take it (eg, by mouth, with food)	I started taking this on	Why I take it	Who told me to take it
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In the morning, I take:

In the afternoon, I take:

My Medication Diary² (cont'd.)

Medicine name (brand name, generic name, strength)	This looks like	How many and how often	How I take it (eg, by mouth, with food)	I started taking this on	Why I take it	Who told me to take it
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In the evening, I take:

Before I go to bed, I take:

Adapted from the National Transitions of Care Coalition[®]; developed by the American Society of Health-System Pharmacists[™] (ASHP) and the ASHP Research and Education Foundation[™].

My Medication Diary (cont'd.)

All medications, both prescription and non-prescription, including vitamins and herbal supplements

Other medicines that I take, but do not use every day²:

Medicine name (brand name, generic name, strength)	This looks like	How many and how often	How I take it (eg, by mouth, with food)	I started taking this on	Why I take it	Who told me to take it

Adapted from the National Transitions of Care Coalition[®]; developed by the American Society of Health-System Pharmacists[™] (ASHP) and the ASHP Research and Education Foundation[™].

What other medicines can I take?³

If I need medicine:	Medication name and amount	How much do I take	How do I take it (eg, by mouth, with food)
for a headache			
to stop smoking			

Adapted from *Taking Care of Myself: A Guide for When I Leave the Hospital*, developed by the Agency for Healthcare Research and Quality.

Doctor's Appointments

Appointment Tracker

Date	Time	Doctor's name	Specialty	Reason

Some sample questions to ask your doctor

- What are the possible side effects of the medicines I am taking?
- Will any of my medications, vitamins, or supplements interact with each other?
- Am I taking my medications correctly?
- Am I taking the dose that is right for me?
- Is there anything else I need to know about my test results?
- Is there anything else I should know as it relates to my health?
- Is there anything my family or friends should be aware of as it relates to my health?



My Personal Health Record

This is the confidential Health Diary of: _____

If found, please call: _____

Emergency contact

Name: _____

Phone: _____

Relationship: _____

References: **1.** National Heart, Lung, and Blood Institute. What is atrial fibrillation? Bethesda, MD. National Institutes of Health, US Dept of Health and Human Services; July 1, 2011. <http://www.nhlbi.nih.gov/health/health-topics/topics/af>. Accessed December 15, 2014. **2.** National Transitions of Care Coalition. My medicine list. http://www.ntocc.org/Portals/0/PDF/Resources/My_Medicine_List.pdf. Accessed December 15, 2014. **3.** Agency for Healthcare Research and Quality, *Taking Care of Myself: A Guide for When I Leave the Hospital*. Rockville, MD: Agency for Healthcare Research and Quality; April 2010. AHRQ publication 10-0059. <http://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/goinghomeguide.pdf>. Accessed December 15, 2014.

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