

Personal Health Log



FIDELIS CARE®

Name: _____ Date of Birth: _____

Allergies: _____

Current Diagnoses (physical and mental health): _____

Current Medications (name, dose):	Medication Trials (name, dose, reason stopped):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Vaccinations: _____

Hospitalization Last 12 months (date and name of hospital): _____

Current Providers (i.e primary care, therapist, psychiatrist, medical specialist, Health Home Care Manager/Community or Residence Care Manager) and phone number:

_____	_____
_____	_____
_____	_____

What I hope to gain from treatment:

Situations that increase stress or trigger mental health symptoms:

Strengths and current coping strategies that help me manage stress:

Barriers that impact my ability to manage stress, and overall health and wellness:
