Caregiver's Health Registry

MMM

We want to help you as a Caregiver

Take this guide with you to all medical appointments and be sure to write down everything the health care providers indicate.

- Write down all the received medical services.
- Keep record of the prescription drugs.
- Use it as a reminder of the preventive measures, and their results.

Keep this record up to date!

Personal information of the one you care for

Name

Plan member number

Birthdate

Telephone

Name of medical coverage

Other medical plan

Drugs Coverage: Yes ___ No ____

Healthcare Providers

Name and specialty

Telephone

Name and specialty

Telephone

Name and specialty

Telephone

Name and specialty

Telephone

Name and specialty

Telephone

Name and specialty

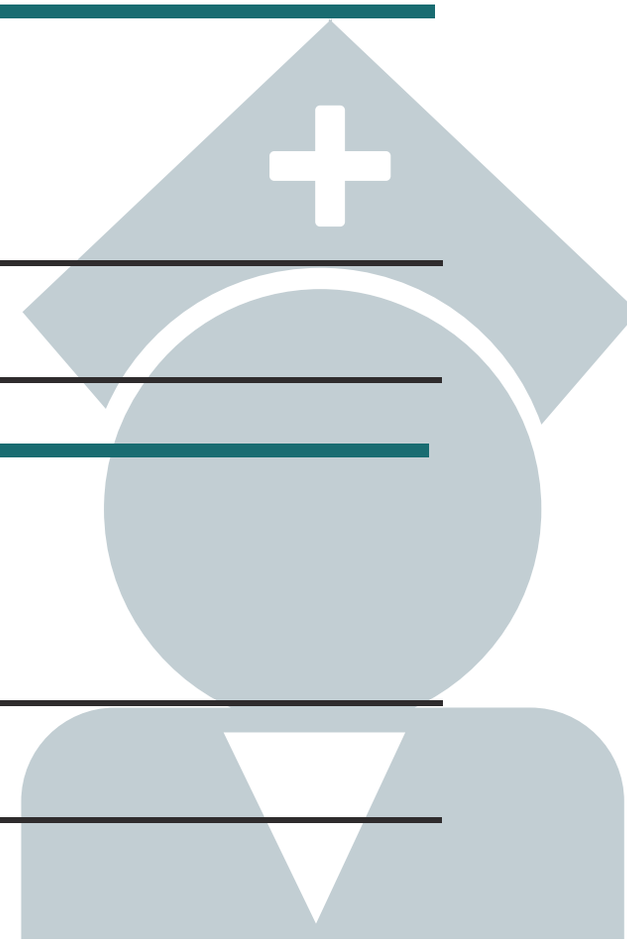
Telephone

Name and specialty

Telephone

Name and specialty

Telephone

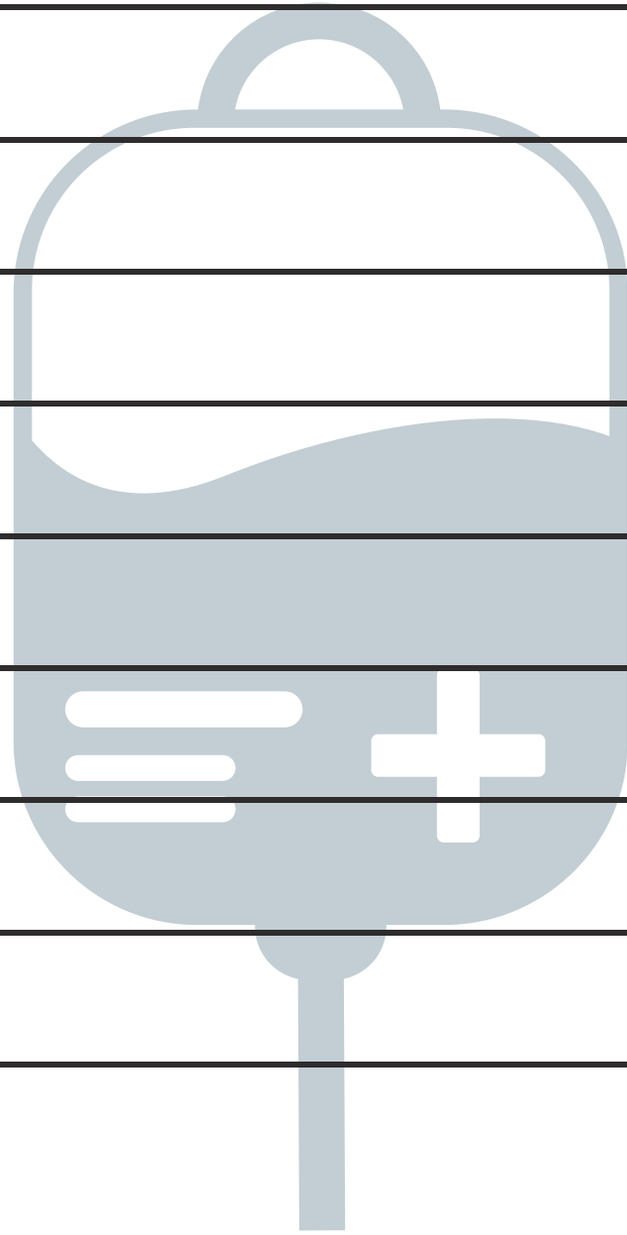


Medical History

	Date/diagnosis
○ Arthritis	
○ Asthma	
○ Chronic Obstructive Pulmonary Disease (COPD)	
○ Cancer (indicate what type)	
○ Diabetes Type ☐ 1 ☐ 2	
○ Depression	
○ Heart disease	
○ High blood pressure	
○ Apoplexy	
○ Urinary incontinence	
○ Frequent falls	
○ Others	

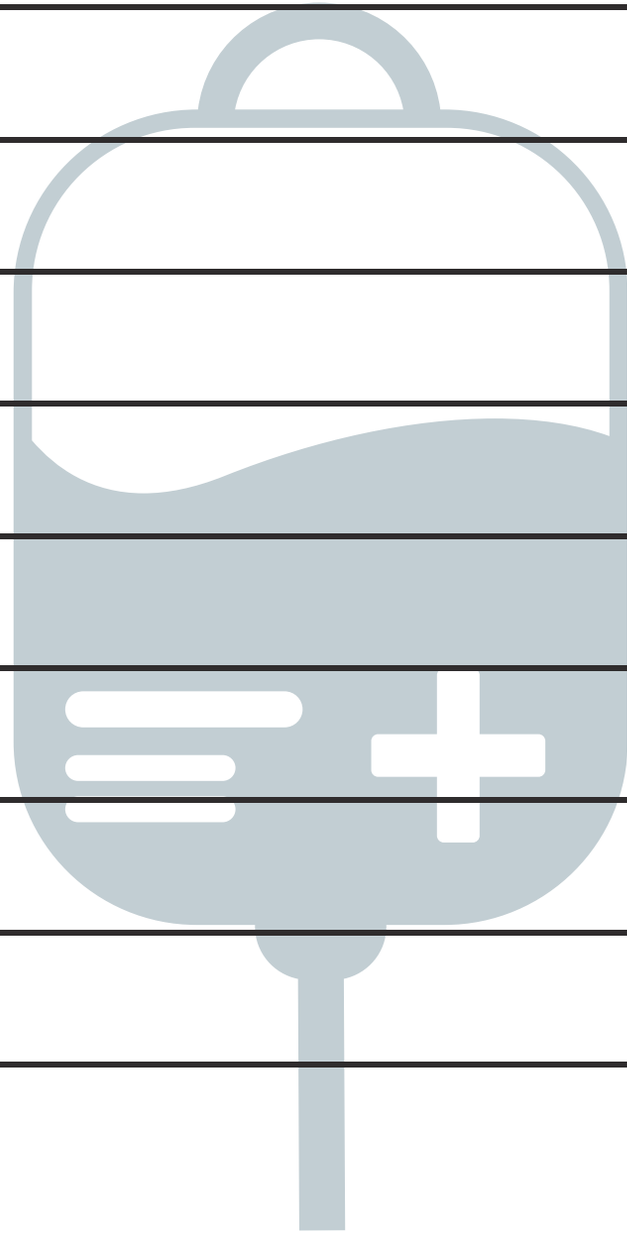
Surgeries and procedures

Year



Surgeries and procedures

Year



Registry of healthcare provider visits

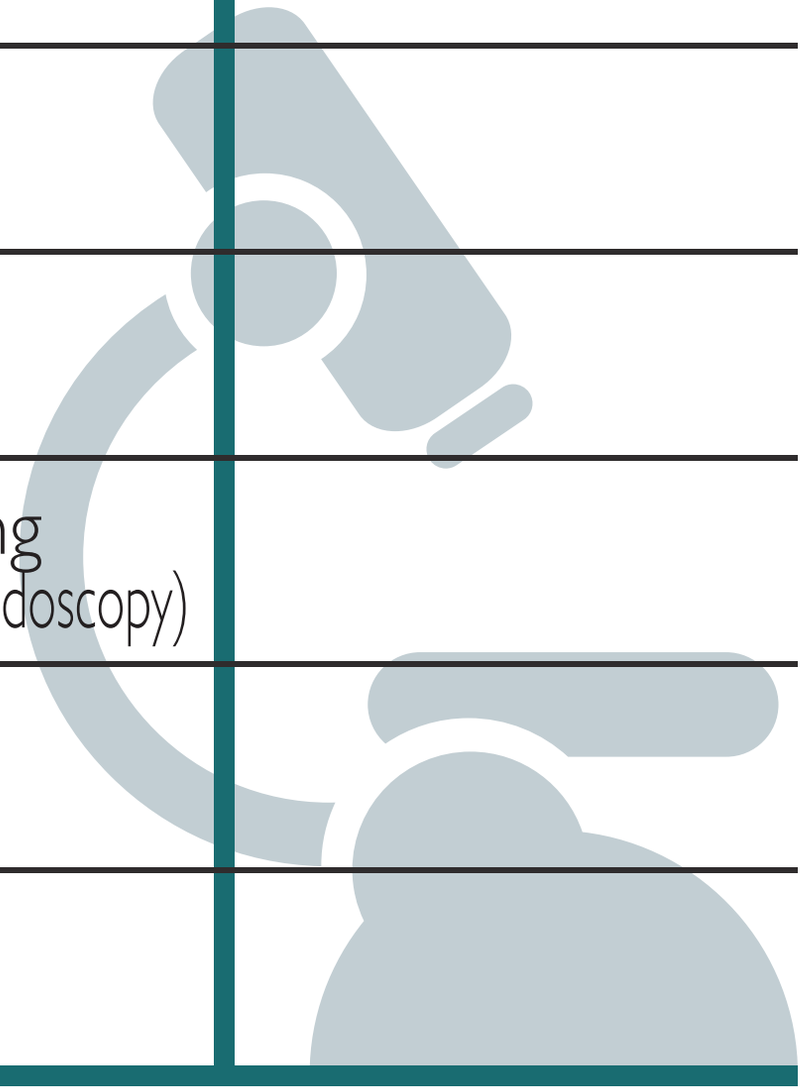
Year	Doctor	Reason for visit

Year	Doctor	Reason for visit

Year	Doctor	Reason for visit

Preventive Measures

Test	Date
Sugar level	
Cholesterol and lipid panel	
Blood pressure	
Mammogram	
Colon Cancer Screening (occult blood, colonoscopy, sigmoidoscopy)	
Spirometry	
Bone Densitometry	



Test	Date
Body Mass Index	
Medications Review	
Pain Screening	
Functional State (ADL)	
Mouth Care	
Ear Care	
Physical Exam	
Ophthalmic Exam	

Preventive Measures

Test	Date
Vaccines	
Influenza	
Pneumococcus	
Tetanus and Diphtheria	
Rheumatoid Arthritis	
Urinary Incontinence	
Prostate Cancer Screening	
Pelvic Exam	
Glycosylated Hemoglobin	

Preventive Measures

Test	Date
Cardiac Conditions	
Depression Detection	
Mental Health	
Detection of alcohol and tobacco consumption	

Medications and Alergies

Medication	Alergies

Medications

Write down all medications the member takes, including non-prescription, OTC, natural supplements, and vitamins. When he/she stops taking one, cross it out and include the date it was terminated.

Medication	Dosage	Frecuency	Condition	Prescribed by:

Caregiver, if you need more information, we have a direct line exclusively to assist you and help you in your caretaking.

Please contact us!

Member Services Direct Line:

1-855-622-5606 (Toll Free)
787-522-5606 (Metro Area)
1-866-333-5469 TTY (Hearing Impaired)

Haciendo Contacto:

Helpline available for health questions 24 hours, 7 days a week.
1-866-677-7779 (Toll Free)
1-866-690-7771 TTY (Hearing Impaired)

E-mail:

cuidadores@mmmhc.com

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