

Safe Haven Connect CIC · Registered CIC

My Health Companion

A Personal Medical & Wellbeing Record

Version 1.0

Welcome

Welcome to your Safe Haven Connect CIC My Health Companion.

This workbook has been designed to help you keep all of your important health information in one place.

Whether you're managing a long-term condition, recovering from illness, caring for someone else, or simply wanting to stay organised, this workbook can help you record your health journey.

You can use it during appointments with:

GP surgeries

Hospital consultants

Practice nurses

Community nurses

Physiotherapists

Occupational therapists

Mental health professionals

Pharmacists

Other healthcare professionals

Keeping accurate records can help you:

Remember important information.

Track changes in your health.

Record medications.

Prepare for appointments.

Monitor symptoms.

Set health goals.

Become more involved in your own care.

This workbook belongs to you.

Complete as much or as little as you wish and update it whenever your health changes.

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Section 1 – About Me

Personal Details

Full Name

Preferred Name

Date of Birth

NHS Number (optional)

Address

Postcode

Telephone

Email

My GP Practice

Practice Name

Address

Telephone

Named GP (if applicable)

Hospital Consultant(s)

Specialty	Consultant	Hospital	Telephone
-----------	------------	----------	-----------

Other Healthcare Professionals

Professional Service Telephone

About Me

Is there anything important you would like healthcare professionals to know about you?

Examples:

Communication needs

Mobility needs

Learning disability

Autism

Hearing impairment

Visual impairment

Preferred language

Other important information

Next: Section 2 – Emergency Information, including emergency contacts, next of kin, emergency medication, medical conditions, allergies, and key information that healthcare professionals may need quickly.

Section 2 – Emergency Information

This section contains important information that may be useful in an emergency. Keep it up to date and consider carrying a copy with you if you have a long-term health condition.

Emergency Contacts

Primary Emergency Contact

Name

Relationship

Telephone (Home)

Telephone (Mobile)

Secondary Emergency Contact

Name

Relationship

Telephone

Next of Kin

Name

Relationship

Telephone

In Case of Emergency (ICE)

Many mobile phones allow you to add emergency contacts that can be accessed even when the phone is locked.

Have you added your ICE contact?

☐ Yes

☐ No

Medical Conditions

Please list any medical conditions that healthcare professionals should know about.

Condition	Diagnosed	Notes
-----------	-----------	-------

Allergies & Intolerances

Please include medicines, foods, latex or anything else that causes an allergic reaction or intolerance.

Allergy/Intolerance	Reaction	Severity
---------------------	----------	----------

Medical Devices

Do you have any medical devices?

☐ Pacemaker

☐ ICD

☐ Insulin Pump

☐ Hearing Aid

☐ Artificial Joint

☐ Stoma

☐ Other

Details:

Communication & Accessibility Needs

Tick any that apply.

☐ Hearing impairment

☐ Visual impairment

☐ Autism

☐ Learning disability

☐ Uses wheelchair

☐ Limited mobility

☐ Speech difficulties

☐ Requires interpreter

☐ Other

Details:

Important Medical Information

Use this space for anything healthcare professionals should know quickly.

Examples:

High-risk medical conditions

Current treatment

Significant past operations

Religious or cultural considerations

Care preferences

Hospital Preference (Optional)

Preferred Hospital:

Consultant (if applicable):

Ward/Specialty:

Emergency Checklist

- ☐ Emergency contacts are up to date.
- ☐ My medical conditions are listed.
- ☐ My allergies are recorded.
- ☐ My medication list is current.
- ☐ My healthcare team details are correct.
- ☐ I know where to keep this workbook.

Why this section matters

In an emergency, having accurate information readily available can help healthcare professionals understand your medical history more quickly and ensure those close to you can be contacted if needed.

Next: Section 3 – My Medical History, where you'll record past illnesses, surgeries, hospital admissions, vaccinations, family medical history, and ongoing health conditions in a structured timeline.

Section 3 – My Medical History

Your medical history provides healthcare professionals with an overview of your health over time. Keeping this section up to date can help avoid repeating your history at every appointment.

Current Medical Conditions

List any health conditions you currently have.

Condition	Year Diagnosed	Healthcare Professional	Notes
-----------	----------------	-------------------------	-------

Previous Medical Conditions

List any significant illnesses or health conditions you have had in the past.

Condition	Approximate Date	Recovered?	Notes
	☐		
	☐		
	☐		
	☐		
	☐		

Operations & Procedures

Procedure	Hospital	Date	Outcome
-----------	----------	------	---------

Hospital Admissions

Hospital	Reason	Date	Length of Stay
----------	--------	------	----------------

Family Medical History

Tick any conditions that affect close family members.

- ☐ Heart Disease
- ☐ Stroke
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Cancer
- ☐ Asthma
- ☐ COPD
- ☐ Kidney Disease
- ☐ Dementia
- ☐ Mental Health Condition
- ☐ Epilepsy
- ☐ Thyroid Disorder
- ☐ Autoimmune Condition
- ☐ Other

Details:

Vaccination Record

Vaccine	Date	Booster Due
---------	------	-------------

Flu

COVID-19

Pneumonia

Tetanus

Shingles

Other

Long-Term Monitoring

Do you currently attend regular appointments for any of the following?

☐ Diabetes Clinic

☐ Cardiology

☐ Respiratory Clinic

☐ Neurology

☐ Mental Health Services

☐ Physiotherapy

☐ Occupational Therapy

☐ Pain Clinic

☐ Cancer Follow-up

☐ Other

Details:

Significant Health Events Timeline

Use this page to record important events in your health journey.

Year	Health Event
------	--------------

Personal Notes

Use this space to record any additional information about your medical history that you feel is important.

Keeping Your Medical History Up to Date

Whenever there is a change in your health, remember to update:

New diagnoses

Hospital admissions

Operations or procedures

Vaccinations

Changes in long-term conditions

Significant illnesses

Having an up-to-date medical history can help healthcare professionals understand your health more quickly and support informed decisions about your care.

Next: Section 4 – Medication Record, including a comprehensive medication list, dosage planner, prescription tracker, medication changes, side effects log, and over-the-counter medicines.

Section 4 – Medication Record

Taking medication safely is an important part of managing your health. This section helps you keep an accurate record of all prescription medicines, over-the-counter medicines, vitamins and supplements.

Bring this section with you to appointments to help healthcare professionals review your medication.

Current Medication List

Medication	Strength	Dose	How Often	Reason for Taking
------------	----------	------	-----------	-------------------

Daily Medication Schedule

Morning

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Afternoon

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Evening

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Bedtime

- ☐ _____
- ☐ _____
- ☐ _____

☐ _____

Medication Changes

Record any medication changes made by your healthcare professional.

Date	Medication	Started / Stopped / Changed	Reason
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Side Effects Log

If you notice any side effects, record them here and discuss them with your healthcare professional.

Date	Medication	Side Effect	Severity (1–10)	Reported?
------	------------	-------------	-----------------	-----------

☐
☐
☐
☐
☐

Over-the-Counter Medicines & Supplements

Include vitamins, herbal remedies and medicines you buy without a prescription.

Product	Dose	Reason for Taking
---------	------	-------------------

Prescription Renewal Tracker

Medication	Last Prescription	Next Prescription Due	Pharmacy
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Questions About My Medication

Use this page before appointments.

Medication Safety Checklist

- ☐ I take my medication as prescribed.
- ☐ I know what each medication is for.
- ☐ I know what to do if I miss a dose.
- ☐ I carry an up-to-date medication list.

- ☐ I tell healthcare professionals about any supplements I take.
- ☐ I report any new side effects to my healthcare professional.
- ☐ I check before starting new medicines or supplements.

Medication Reminder

Never stop, start or change prescribed medication without speaking to the healthcare professional responsible for your care, unless you have been advised to do so. If you have concerns about your medication, arrange a review with your GP, pharmacist or specialist.

Next: Section 5 – Health Monitoring, a comprehensive section with reusable trackers including blood pressure, blood glucose, heart rate, oxygen saturation, temperature, weight and BMI, all designed to be used repeatedly over time.

Section 5 – Health Monitoring

Keeping a record of your health can help you notice patterns, prepare for appointments and support conversations with your healthcare team. Complete only the sections that are relevant to you.

Blood Pressure Record

Date	Time	Blood Pressure	Pulse	Notes
------	------	----------------	-------	-------

Blood Glucose Record

Date	Time	Reading	Before/After Food	Notes
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Heart Rate & Oxygen Saturation

Date	Heart Rate (BPM)	Oxygen Saturation (SpO ₂ %)	Notes
------	------------------	--	-------

Temperature Record

Date	Temperature	Reason	Notes
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Weight Record

Date	Weight	BMI (Optional)	Waist Measurement	Notes
------	--------	----------------	-------------------	-------

Fluid Intake

Date	Water	Tea/Coffee	Other Drinks	Total
------	-------	------------	--------------	-------

Health Monitoring Notes

Use this space to record anything you've noticed about your health.

Examples:

New symptoms

Changes in readings

Medication changes

Advice from a healthcare professional

Healthcare Review Summary

Complete this after appointments if relevant.

Date:

Healthcare Professional:

Main Discussion:

Any Changes to Treatment?

Next Review Date:

Health Monitoring Tips

Record measurements at a similar time of day where possible.

Use the same equipment each time, if you can.

Don't worry if you miss a day—just continue with your next reading.

Share this information with your healthcare professional if they ask to see it.

Only record readings if you have been advised to monitor them or choose to do so.

This section is designed to be flexible—use only the trackers that are relevant to your health needs and leave the rest blank if they don't apply.

Next: Section 6 – Symptom & Pain Tracker, including symptom diaries, pain mapping, fatigue tracking, bowel and bladder records (if needed), and menstrual health tracking (optional), making it useful for a wide range of health conditions.

Section 6 – Symptom & Pain Tracker

Everyone experiences symptoms differently. Keeping a record can help you identify patterns, recognise triggers and provide useful information during appointments with healthcare professionals.

You don't need to complete every page—use the sections that are relevant to you.

Daily Symptom Tracker

Tick or write down any symptoms you experienced today.

Date	Symptom	Severity (1–10)	How Long?	Notes
------	---------	-----------------	-----------	-------

Symptom Pattern Tracker

Use this page to identify whether your symptoms occur at certain times or in specific situations.

Symptom	Morning	Afternoon	Evening	Night	Possible Trigger
☐	☐	☐			
☐	☐	☐			
☐	☐	☐			
☐	☐	☐			

Pain Record

If you experience pain, complete this section.

Date	Location	Severity (0–10)	Type of Pain	What Helped?
------	----------	-----------------	--------------	--------------

Pain Types

- ☐ Sharp
- ☐ Dull
- ☐ Burning
- ☐ Aching
- ☐ Throbbing
- ☐ Stabbing
- ☐ Cramping
- ☐ Tingling
- ☐ Other _____

Fatigue Tracker

Date Energy Level (1–10) Activities Completed Needed Extra Rest?

☐
☐
☐
☐
☐

Mobility Tracker

Date Walking Stairs Balance Mobility Aid Used Notes

Bowel & Bladder Record (Optional)

Use this only if advised by your healthcare professional or if you find it helpful.

Date Concerns Changes Noticed Notes

Menstrual Health Tracker (Optional)

Start Date End Date Symptoms Notes

Symptom Triggers

Have you noticed anything that seems to make your symptoms worse?

- ☐ Stress
- ☐ Exercise
- ☐ Lack of sleep
- ☐ Certain foods
- ☐ Medication
- ☐ Weather
- ☐ Infection
- ☐ Anxiety
- ☐ Other

Details:

What Helped Today?

Record anything that improved your symptoms.

- ☐ Rest
- ☐ Medication
- ☐ Exercise

- ☐ Heat
- ☐ Ice
- ☐ Relaxation
- ☐ Sleep
- ☐ Talking to someone
- ☐ Other

Details:

Symptom Summary for Appointments

Before seeing your healthcare professional, complete this section.

My main concern today is:

How long has this been happening?

Has it improved, stayed the same or worsened?

- ☐ Improved
- ☐ Stayed the same
- ☐ Worsened

Anything else I want my healthcare professional to know:

Why keep a symptom diary?

A symptom diary can help you and your healthcare professionals identify patterns, understand how your condition changes over time and make informed decisions about your care.

Next: Section 7 – Lifestyle & Wellbeing, covering sleep, nutrition, hydration, physical activity, smoking, alcohol, wellbeing, habits and personal health goals.

Section 7 – Lifestyle & Wellbeing

Your daily habits play an important role in your overall health. This section helps you monitor the areas that can have the biggest impact on your physical and mental wellbeing.

Remember, progress is about making small, sustainable changes—not being perfect.

Sleep Tracker

Date	Bedtime	Wake Time	Hours Slept	Sleep Quality (1–10)	Notes
------	---------	-----------	-------------	----------------------	-------

Daily Food Diary

Meal	What I Ate	Portion Size	Notes
------	------------	--------------	-------

Breakfast
Lunch
Evening Meal
Snacks

Water Intake

Daily Goal

- ☐ 1 litre
- ☐ 1.5 litres
- ☐ 2 litres
- ☐ Other _____

Glasses Drank Today

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Physical Activity Log

Date	Activity	Time	Intensity	How I Felt Afterwards
------	----------	------	-----------	-----------------------

Smoking Record (Optional)

☐ I do not smoke

If you smoke:

Number of cigarettes/vapes today

Have you considered reducing or stopping?

☐ Yes

☐ No

Notes:

Alcohol Record (Optional)

Date	Drinks	Units (if known)	Notes
------	--------	------------------	-------

Daily Wellbeing Check-In

Rate today from 1–10

Physical Health

1 2 3 4 5 6 7 8 9 10

Mental Wellbeing

1 2 3 4 5 6 7 8 9 10

Energy Levels

1 2 3 4 5 6 7 8 9 10

Stress Levels

1 2 3 4 5 6 7 8 9 10

Healthy Habits Checklist

Tick each habit you completed today.

- ☐ Took my medication
- ☐ Drank enough water
- ☐ Ate regular meals
- ☐ Ate fruit or vegetables
- ☐ Stayed active
- ☐ Slept well
- ☐ Spent time outdoors
- ☐ Connected with someone
- ☐ Took time to relax
- ☐ Practised self-care
- ☐ Attended appointments (if applicable)
- ☐ Asked for help when needed

My Weekly Goals

Goal 1

Goal 2

Goal 3

End of Week Reflection

What went well this week?

What was challenging?

What would I like to improve next week?

Notes

Healthy Living Reminder

You don't need to change everything at once. Small, realistic steps can make a meaningful difference over time. Celebrate your progress, be kind to yourself, and remember that looking after your wellbeing is an ongoing journey.

Next: Section 8 – Healthcare Appointments & Test Results, including appointment planning, questions for healthcare professionals, investigation results, treatment plans, referrals, and follow-up records.

Section 8 – Healthcare Appointments & Test Results

This section is designed to help you prepare for appointments, keep track of advice from healthcare professionals and maintain a record of important tests and investigations.

Bringing accurate information to appointments can help you make the most of the time with your healthcare team.

Upcoming Appointments

Date	Time	Healthcare Professional	Location	Reason for Appointment
------	------	-------------------------	----------	------------------------

Appointment Planner

Complete this before your appointment.

Date of Appointment

Healthcare Professional

Main reason for today's appointment

Questions I Want to Ask

1.

2.

3.

4.

5.

Symptoms or Concerns Since My Last Appointment

Appointment Summary

Complete after your appointment.

Diagnosis or discussion

Advice given

Medication changes

Tests requested

Referrals made

Next appointment

Test Results Record

Test	Date	Result	Discussed With	Notes
------	------	--------	----------------	-------

Blood Test

Blood Pressure

ECG

X-ray

CT Scan

MRI Scan

Ultrasound

Other

Referrals

Date	Referred To	Reason	Outcome
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Procedures & Treatments

Date	Procedure/Treatment	Hospital or Clinic	Outcome
------	---------------------	--------------------	---------

Health Action Plan

Following today's appointment, I need to:

- ☐ Book another appointment
- ☐ Arrange tests
- ☐ Collect medication
- ☐ Start a new treatment
- ☐ Monitor symptoms
- ☐ Make lifestyle changes
- ☐ Contact another service
- ☐ Other:

Healthcare Contacts

Service	Name	Telephone	Email (Optional)
---------	------	-----------	------------------

GP Surgery			
Hospital			
Consultant			
Community Nurse			
Pharmacy			
Physiotherapist			
Mental Health Team			
Other			

Appointment Checklist

Before every appointment:

- ☐ Bring this workbook.
- ☐ Bring an up-to-date medication list.
- ☐ Write down any symptoms or concerns.
- ☐ Prepare your questions.
- ☐ Record any home monitoring results if relevant.
- ☐ Write down the advice you receive.

Why use this section?

Keeping a clear record of appointments, investigations and treatment plans can help you remember important information, follow your healthcare plan and make future appointments more productive.

Next: Section 9 – Personal Health Goals & Progress, bringing everything together with SMART goals, habit tracking, monthly reviews, achievements and space to celebrate progress, regardless of your health condition.

Section 9 – Personal Health Goals & Progress

Looking after your health is a journey, not a race. Setting realistic goals and reviewing your progress regularly can help you stay motivated and recognise how far you've come.

Remember—even small improvements are worth celebrating.

My Health Goals

Goal 1

What do I want to achieve?

Why is this important to me?

Target date

Goal 2

What do I want to achieve?

Why is this important to me?

Target date

Goal 3

What do I want to achieve?

Why is this important to me?

Target date

SMART Goal Planner

Use this page to make your goals realistic and achievable.

Specific

Measurable

Achievable

Relevant

Time-bound

Habit Tracker

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
-------	-----	-----	-----	-----	-----	-----	-----

Medication	☐	☐	☐	☐	☐	☐	☐	
Exercise	☐	☐	☐	☐	☐	☐	☐	
Water Intake	☐	☐	☐	☐	☐	☐	☐	
Healthy Meals	☐	☐	☐	☐	☐	☐	☐	
Sleep Routine	☐	☐	☐	☐	☐	☐	☐	
Self-care	☐	☐	☐	☐	☐	☐	☐	
Mood Check-in		☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐		

Monthly Progress Review

This month I am most proud of:

Something I found difficult:

What helped me most:

What I would like to improve next month:

Achievements

No achievement is too small.

- ☐ Attended an appointment
- ☐ Took medication regularly
- ☐ Improved sleep
- ☐ Increased activity
- ☐ Reduced stress
- ☐ Asked for help
- ☐ Managed symptoms well
- ☐ Reached a personal goal
- ☐ Learned something new about my health
- ☐ Supported someone else
- ☐ Other:

Motivation Page

My reasons for looking after my health

People who support me

Things that motivate me

Looking Ahead

Three things I'd like to achieve over the next 12 months

1.

2.

3.

Notes

Final Reflection

Your health journey is unique. There will be good days and difficult days, but every step you take towards understanding and managing your health matters.

This workbook is here to help you keep important information in one place, prepare for healthcare appointments, track your wellbeing and support informed conversations with the professionals involved in your care.

Be patient with yourself, celebrate your progress and remember that asking for help is a sign of strength.

Congratulations!

You have completed the Safe Haven Connect CIC · My Health Companion workbook.

We hope this resource helps you feel more organised, informed and confident when managing your health and wellbeing.

Remember to keep your workbook up to date and bring it with you to appointments where it may be helpful.

Disclaimer

This workbook has been created by Safe Haven Connect CIC for educational and organisational purposes only. It is not intended to replace professional medical advice, diagnosis or treatment. Always seek advice from your GP, consultant, pharmacist or another qualified healthcare professional regarding any medical concerns. If you experience a

medical emergency, call 999 or attend your nearest Accident & Emergency department immediately.

About Safe Haven Connect CIC

Safe Haven Connect CIC is a UK Community Interest Company dedicated to improving mental health and wellbeing by providing free resources, peer support, self-help tools and educational content. Our aim is to make support more accessible so that no one has to face life's challenges alone.

Website: <https://safehavenconnect.org>

Free Workbooks: <https://safehavenconnect.org/workbooks>

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