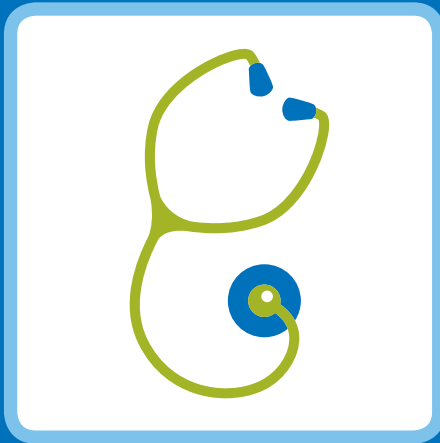


My personal health record



Be in charge of your own health. Fill out this book before your next health care visit and share it with your health care team.

www.anthem.com/wisconsin

Your name



Keep track of your health.

Use this book to help you and your health care team manage your health care needs – medications, health conditions, allergies, questions for your doctor and more. Don't have all the details? It's OK, just ask your doctor for the missing information during your visit.

Personal Information

Name: _____ Birth date: _____

Home address: _____

Mailing address: (If different): _____

Home phone: _____ Cell: _____

My Anthem member ID number is:



My Anthem case manager is: _____

Case manager's phone number: _____

Call your case manager for help figuring out the care and services you need.

We're here to help

Anthem Member Services: 1-855-690-7800 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. local time. Call us for questions about your health plan or help with finding a provider.

Transportation: 1-866-907-1493 (TTY 711) — Get rides to covered health care appointments at no cost if you don't have any other way to get there.

24/7 NurseLine: 1-855-690-7800 (TTY 711) — Speak to a registered nurse anytime, day or night. Our nurses can answer your health questions or help you decide if you need to go to urgent care or to the emergency room.

Doctors and pharmacy

My primary care provider (PCP) is: _____

Provider group/clinic: _____ Phone number: _____

Specialist doctors:

1. _____

2. _____

3. _____

4. _____

My pharmacy is: _____

Address: _____ Phone number: _____

Family and caregivers

Name: _____ **Relationship to you:** _____

Phone number: _____ OK to text? Yes No

Email address: _____

How does this person help you with your condition? _____

Name: _____ **Relationship to you:** _____

Phone number: _____ OK to text? Yes No

Email address: _____

How does this person help you with your condition? _____

Health conditions

1. **Condition:** _____
Symptoms: _____
Plan for managing symptoms: _____

2. **Condition:** _____
Symptoms: _____
Plan for managing symptoms: _____

3. **Condition:** _____
Symptoms: _____
Plan for managing symptoms: _____

4. **Condition:** _____
Symptoms: _____
Plan for managing symptoms: _____

5. **Condition:** _____
Symptoms: _____
Plan for managing symptoms: _____

Allergies to medicines or food

1. _____
2. _____
3. _____
4. _____

Questions about your health

Write down any questions you have about your health and share it with your health care team.

For my doctors:

1. _____
2. _____
3. _____
4. _____


For my pharmacist:

1. _____
2. _____
3. _____
4. _____

For my Anthem case manager:

1. _____
2. _____
3. _____
4. _____

You and your health care providers share the same goal – to help you be the healthiest you can be. **Don't be afraid to ask questions.**





Get more tools to help manage your health at www.anthem.com/wisconsin.

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