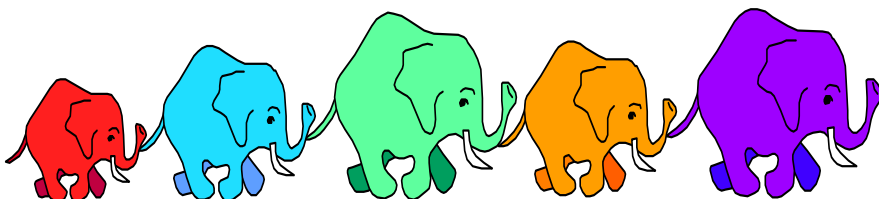


FAMILY JOURNAL

This journal belongs to



Introduction

The Family Journal was developed by parents on the Family Liaison Council working with staff at the Alberta Children's Hospital. It was designed as a tool to help families keep a record of their child's health and can be used to document contact information, medical history, clinic visits, admissions, treatments, medications, test results, resources, etc. It can be customized to meet the needs of families by adding relevant information. To maximize the usefulness of this journal, it is important to keep information up-to-date at all times.

Families are encouraged to bring the journal to all appointments. This will help facilitate the communication process with members of the health care team by having important information readily accessible. It also enables families to update their journal during appointments.

The Family Journal can be downloaded and printed from the ACH web site.

Copies are also available through the Family & Community Resource Centre and ambulatory clinic nurses.

If you have any suggestions for changes that could be made to improve these Journal pages, or if there are any pages that could be added to meet certain needs, please let us know. Included with your Journal, you should find a feedback form for this purpose. This form is also available "on line", along with the on line version of the Journal through the web site. It is through parents using this journal that we can improve upon it. Please forward your feedback to "Family & Community Resource Centre, Alberta Children's Hospital, 2888 Shagnappi Trail NW, Calgary T3B 6A8", via email at "family-community.resource-centre@calgaryhealthregion.ca", or phone (403) 955-3272.

We wish to acknowledge the Hospital for Sick Children in Toronto, Ontario who generously gave permission for us to use their "Journal" as a model for ours.

Regards,

The Family Liaison Council

What is the Alberta Children's Hospital Family Journal?

The Alberta Children's Hospital Family Journal is a simple tool to help you keep a record of your child's health. It's a journal you can use to document valuable information. This is for you, your child and your family to use. You can decide what information to include, how much to record and how to use the information you gather.

How can the ACH Family Journal help you?

Your child may be receiving health care from a number of different people. To avoid confusion, the Alberta Children's Hospital Family Journal is a useful book you can use to record any and all health information you have gathered about your child. This will help you keep track of and share information with other members of your child's health care team.

Who can read your ACH Family Journal?

It's entirely your choice to decide who will read your Alberta Children's Hospital Family Journal. It belongs to your family. You may decide to keep this information as a resource only for your family. You may wish to share parts of it or all of it with others who have a role to play in your child's health.

Helpful hints for using the Family Journal:

- ☞ Get comfortable writing in your journal and try to write things down when they happen, or soon afterward. The more you use the journal, the more information you will have.
- ☞ Customize the journal to meet your family's needs. Feel free to add more pages and sections so it works for you.
- ☞ Keep your journal up-to-date. Add new information and remove dated information. If you do remove dated information, be sure to keep the pages for reference.
- ☞ Include your child (and their siblings) in this process. Ask them to provide information for the journal, such as comments or pictures.
- ☞ Take your journal with you to ALL medical (and related) appointments, then you will be able to record detailed information that will help you care for your child.
- ☞ Use the journal to record questions you have about your child's health.
- ☞ Remember your child's health is more than just going to the doctor and the hospital.

Personal Information

Personal Information

Child's Name:	Preferred Name:
Date of Birth: year/ month / day	Alberta Health Care Number:
	ACH#:

Family Members

Parent/Guardian	Name:
	Relationship to Child:
	Address:
	Phone: Home: Work: Cell:
	Fax: email:

Parent/Guardian	Name:
	Relationship to Child:
	Address:
	Phone: Home: Work: Cell:
	Fax: email:

Parent/Guardian	Name:
	Relationship to Child:
	Address:
	Phone: Home: Work: Cell:
	Fax: email:

Other Household Members:

Name	Date of Birth	Relationship to Child

Important Family Information: _____

Preferred Language: _____
 Other Languages spoken: _____
 Interpreter's Name: _____ Phone: _____

School name & contact: _____
 or, Preschool caregiver: _____

Members of My Health Care Team

Pediatrician

Name:	
Address:	
Phone:	Fax:
Emergency #:	e-mail:

Family Doctor

Name:	
Address:	
Phone:	Fax:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

Doctor

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

More Members of My Team

More Members of My Health Care Team

(Think about including your social worker, child life specialist, dietitian, discharge planner, occupational therapist, physical therapist, speech-language pathologist, clinic nurse, nurse practitioner, pharmacist, home nursing agency, both within ACH and the Community.)

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Name:	Specialty:
<input type="checkbox"/> ACH, or Organization Name:	
Address:	
Office Phone:	Fax:
e-mail:	

Date	Diagnosis

Childhood Illnesses / Allergies

Childhood Illnesses:

(chicken pox, measles, mumps, rubella, whooping cough, etc.)

Childhood Illness	Age	Date of Diagnosis			Comments and name of person making diagnosis
		Y	M	D	

Allergies:

Remember to include **all** allergies: medication, food, latex, other

Allergy	Reaction (vomiting, hives, swelling, etc)	Treatment	Comments

Equipment and Supplies

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

Description:	
Supplier:	
Contact Person:	Phone:
Address:	
e-mail	Fax:

