

PREPARING YOUR HEALTH STORY

It can be helpful to first plan the information you would like to include in your health story/stories. The following worksheets reflect the online dashboard for My Health Story. Use the worksheets as a reference or with your healthcare practitioner if you need help clarifying some of your information.

HEALTH STORY MENU REFERENCE

There are 11 sections that form a MHS. A registered subscriber can create unlimited health stories. The 11 sections and their purpose is outlined below:

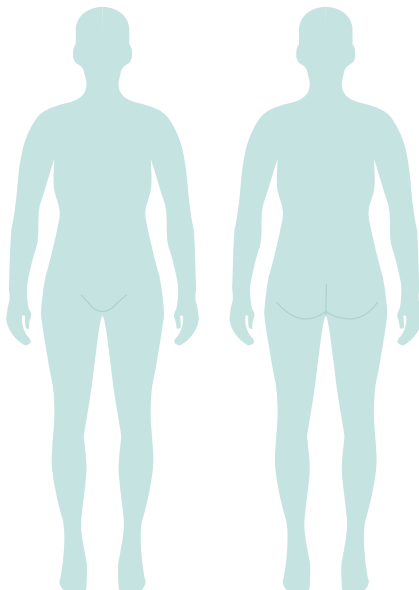






- Body Map (pinpoint and describe the issue)
- Characteristics (display the impact of the issue throughout the day)
- Daily Living (a customisable personalised questionnaire)
- Life (goals and life information)
- The Issue (the diagnosis and more specific information)
- Management (medication and treatment at this time)
- Current Snapshot (the situation and how you are managing)
- Filing Cabinet (related files and documentation)
- Personal Space (some personal notes)
- Journey (timeline of main events)
- Status Chart (mapping of mood, exercise, medication and stresses over time)
- Affiliate Dashboard (administration area for Affiliates)
- Access Tokens (share and check who viewed your health information)

NAME YOUR HEALTH STORY

THIS HEALTH STORY IS ABOUT:

BODY MAP

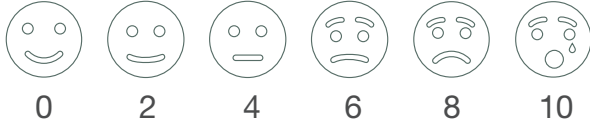
Place a number on the body areas in order of concern. Use the key to describe the sensation. The pencil icon is used for personalised descriptions – enter the feeling in your own words.

Area / Description	Front	Back	KEY
1 _____			 Electric
2 _____			 Scratchy
3 _____			 Pins/needles
4 _____			 Dull/ache
5 _____			 Burning
6 _____			 My Words
7 _____			
8 _____			
9 _____			

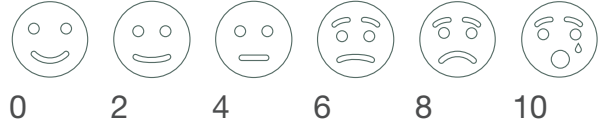
CHARACTERISTICS

Describe the impact of the issue throughout the day by highlighting the emotion that relates to you (0 being best scenario and 10 being worst scenario).

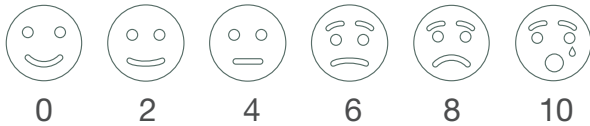
In the morning



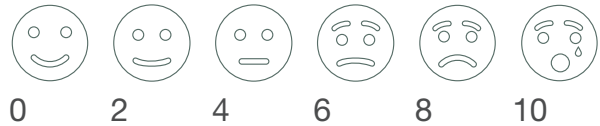
During the day



In the evening



When sleeping



Highlight the feeling that best describes the issue throughout the day. (If you used your own words in the Body Map section, they will appear automatically in your online health story).

KEY: Electric Scratchy Pins/needles Dull/ache Burning My Words

In the morning



During the day



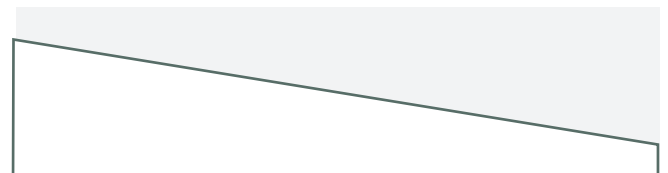
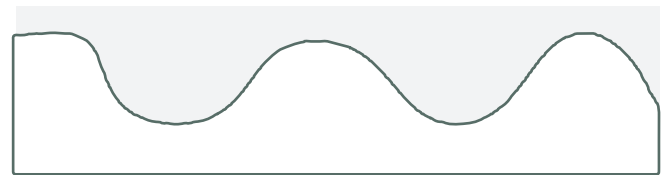
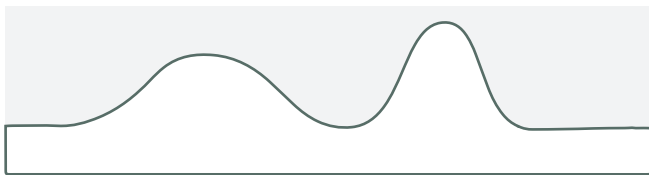
In the evening



When sleeping



Highlight the graph that best describes the issue's pattern throughout the day:



CHARACTERISTICS CONT'D

Highlight all the words that describe your health experience

- aching
- broken
- burning
- decreased libido or desire
- difficulty with orgasm
- disabling
- disease
- disempowering
- disillusioned
- distressing
- down
- emotional
- fogginess
- i'm in danger
- i'm safe
- loneliness
- lost
- numbing
- pain with ejaculation
- pain with erection
- paralysing
- physiological
- sensory
- sexual health difficulties
- spasm
- suffering
- thermal
- traumatic
- uncoordinated
- unmotivated
- weakness
- 'it's all in your head'

Highlight all the medical terms used to describe your health experience

- acupuncture
- allodynia
- antidepressants
- anxiety
- arthritis
- cancer
- chronic
- CRPS
- depression
- dry needling
- endometriosis
- fatigue
- fear-avoidance
- fecal urgency or frequency
- fibromyalgia
- flare
- hemorrhagic
- hyperacusis
- insomnia
- ischemic
- joint
- massage
- mindfulness
- nerve block
- nerve pain
- neuralgia
- neuromodulation
- neuropathic
- neuroplasticity
- pacing
- pain coach
- pain management
- pain specialist
- pelvic
- physiotherapy
- psychological
- pudendal neuralgia
- rheumatoid arthritis
- sexual pain
- stroke
- urinary incontinence
- urinary urgency or frequency

DAILY LIVING

This is a customisable personalised questionnaire. Online, you will be able to use the '+' and '-' icons to customise your answers. Highlight predefined answers or add your own in the lines below.

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>The issue stops me from</i>				
- + making a hot drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + doing the jobs around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + walking with the dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>The painful facts are</i>				
- + My work situation is affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I feel lost regarding a diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I feel friendships/relationships are affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I'm concerned about finance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>Due to the issue</i>				
- + I'm more irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I don't feel like eating much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + My sleep is disrupted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I need to rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>Physically, I feel</i>				
- + breathless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + I have nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + tense and unable to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + downhearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>Due to the issue emotionally, I feel</i>				
- + My situation will never change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + moving will make things worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + my life is ruined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + of terrible conversations to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>Support I have</i>				
- + Shoulder to cry on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + supportive friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + family who are understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + pet/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + spiritual kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + wellness care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>What exacerbates the issue?</i>				
- + Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Any movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Not moving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Being in a busy place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION / ANSWER	OFTEN	A LITTLE	HARDLY	N/A
<i>What eases the issue?</i>				
- + Resting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting 'no' will hide this information from your health story preview

Yes No

LIFE

GOALS

Type to edit answers or use the '+' and '-' icons to add or remove.

My goal is:	WITHIN WEEKS	WITHIN MONTHS	WITHIN A YEAR	ACHIEVED
- + to walk my dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + get back to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + to drive short distances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + to join a book club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- + to manage my shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Briefly document your lifestyle, capabilities, and activities etc before the issue began. Provide understanding for the impact the issue has had on your life.

PROFESSIONAL LIFE

PERSONAL LIFE

MEDICAL HISTORY

PRE EXISTING MEDICAL CONDITIONS

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting 'no' will hide this information from your health story preview

Yes No

THE ISSUE

When and what do you believe triggered the issue? Is there anything you feel you need to do that might help overcome this issue?

PROVIDE A FULL SUMMARY OF THE HEALTH ISSUE

DESCRIBE HOW THE ISSUE BEGAN

DESCRIBE THE HEALTH ISSUE IN BRIEF

HAS THERE BEEN A DIAGNOSIS?

NOTE ANY HEALTH COVER / INSURANCE

OTHER SIGNIFICANT EXPERIENCES / LIFE EVENTS

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting 'no' will hide this information from your health story preview

Yes No

MANAGEMENT

MEDICATION (SUPPLEMENTS AND/OR HERBS)

PAST TREATMENT (CURRENT TREATMENT IN NEXT SECTION)

OTHER IMPORTANT DETAILS WORTH NOTING

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting 'no' will hide this information from your health story preview

Yes No

JOURNEY

This information forms a journey of your main health events. Use the 'Rating' to mark the events 'good, bad' or 'blank' if you are unsure about their effect.

DATE	PROFESSIONAL'S NAME

TREATMENT	RATING (Was the treatment Good, Bad or mark Blank)	BRIEF NOTE

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting 'no' will hide this information from your health story preview

Yes No