

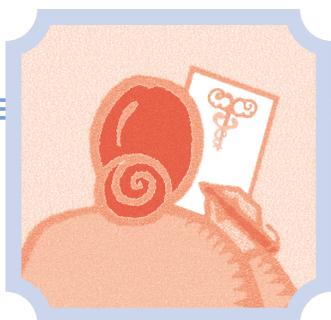
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Virginia
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for the
Aging



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Monthly Personal Health Care Journal

A Record for Keeping Track of Your Health Care

Provided to you by the Virginia Department for the Aging and the Virginia Association of Area Agencies on Aging-SMP Program.

NOVEMBER 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 <i>Dr. Smith 2 pm</i>	4
5	6	7	8	9	10	11
12	13 <i>Follow up with Dr. Smith 10 am</i>	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	OCTOBER 2006 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	DECEMBER 2006 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Monthly Personal Health Care Journal

Appointment date & time 11 / 4 at 2 pm Care provider Dr. John Smith
 Reason for visit Check broken arm
 What did doctor/care provider do? Took x-ray (2 views) of broken arm Co-payment
\$15

Appointment date & time 11 / 14 at 10 am Care provider Dr. John Smith
 Reason for visit Check broken arm
 What did doctor/care provider do? Took off cast, x-rayed arm (2 views) Co-payment
\$15

Appointment date & time _____ Care provider _____
 Reason for visit _____
 What did doctor/care provider do? _____ Co-payment

Appointment date & time _____ Care provider _____
 Reason for visit _____
 What did doctor/care provider do? _____ Co-payment

DECEMBER 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOVEMBER 2006 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	JANUARY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

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Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

JANUARY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31		DECEMBER 2006 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	FEBRUARY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

FEBRUARY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28		JANUARY 2007 <small>S M T W T F S</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	MARCH 2007 <small>S M T W T F S</small> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

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Co-payment

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Reason for visit _____

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Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

MARCH 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FEBRUARY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	APRIL 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

APRIL 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30				MARCH 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	MAY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

MAY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	APRIL 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	JUNE 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

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What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

JUNE 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MAY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	JULY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

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Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

JULY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31			<div style="font-size: small; text-align: left; margin: 0;"> JUNE 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 </div>	<div style="font-size: small; text-align: left; margin: 0;"> AUGUST 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 </div>

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

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Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

AUGUST 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
JULY 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SEPTEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23, 24 25 26 27 28 29		1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

Appointment date & time _____ Care provider _____

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Co-payment

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Reason for visit _____

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Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

SEPTEMBER 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AUGUST 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	OCTOBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

Monthly Personal Health Care Journal

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Co-payment

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Co-payment

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Co-payment

OCTOBER 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31		SEPTEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23, 24 25 26 27 28 29	NOVEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Monthly Personal Health Care Journal

Appointment date & time _____ Care provider _____

Reason for visit _____

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Co-payment

Appointment date & time _____ Care provider _____

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Co-payment

NOVEMBER 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
OCTOBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	DECEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29			1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Monthly Personal Health Care Journal

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Co-payment

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Co-payment

DECEMBER 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOVEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	JANUARY 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

Monthly Personal Health Care Journal

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Co-payment

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Co-payment

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		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	DECEMBER 2007 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 30 31 25 26 27 28 29	FEBRUARY 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

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JANUARY 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	MARCH 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23, 24, 31 25 26 27 28 29				1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

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Appointment date & time _____ Care provider _____

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Co-payment

Appointment date & time _____ Care provider _____

Reason for visit _____

What did doctor/care provider do? _____

Co-payment

MARCH 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FEBRUARY 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	APRIL 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

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Appointment date & time _____ Care provider _____

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