PREPARING YOUR HEALTH STORY

The following worksheets reflect the online dashboard for My Health Story. Use the worksheets as a personal reference, to prepare your online subscription, or use this with a member of your health team. You can also print your health story directly from My Health Story.

HEALTH STORY MENU REFERENCE

There are 11 sections that form a MHS Premium subscriber profile.
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)

My Health Story

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

1

2

3

4

5

6

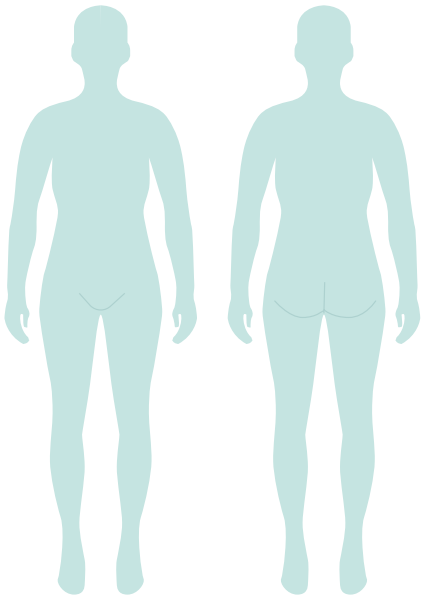
7

8

9

Front

Back



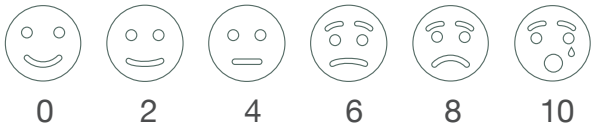
KEY

- Electric
- Scratchy
- Pins/needles
- Dull/ache
- Burning
- My Words

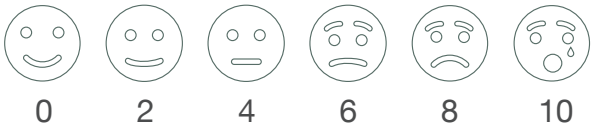
CHARACTERISTICS

Describe how the issue impacts throughout the day by highlighting the emotion that relates to you (0 being little impact and 10 being worst impact).

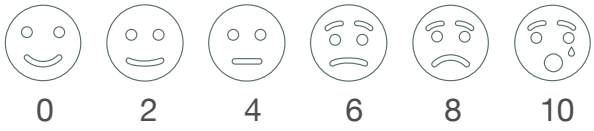
In the morning



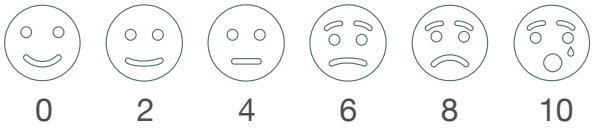
During the day



In the evening



When sleeping



Highlight the feeling that best describes the issue throughout the day.

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

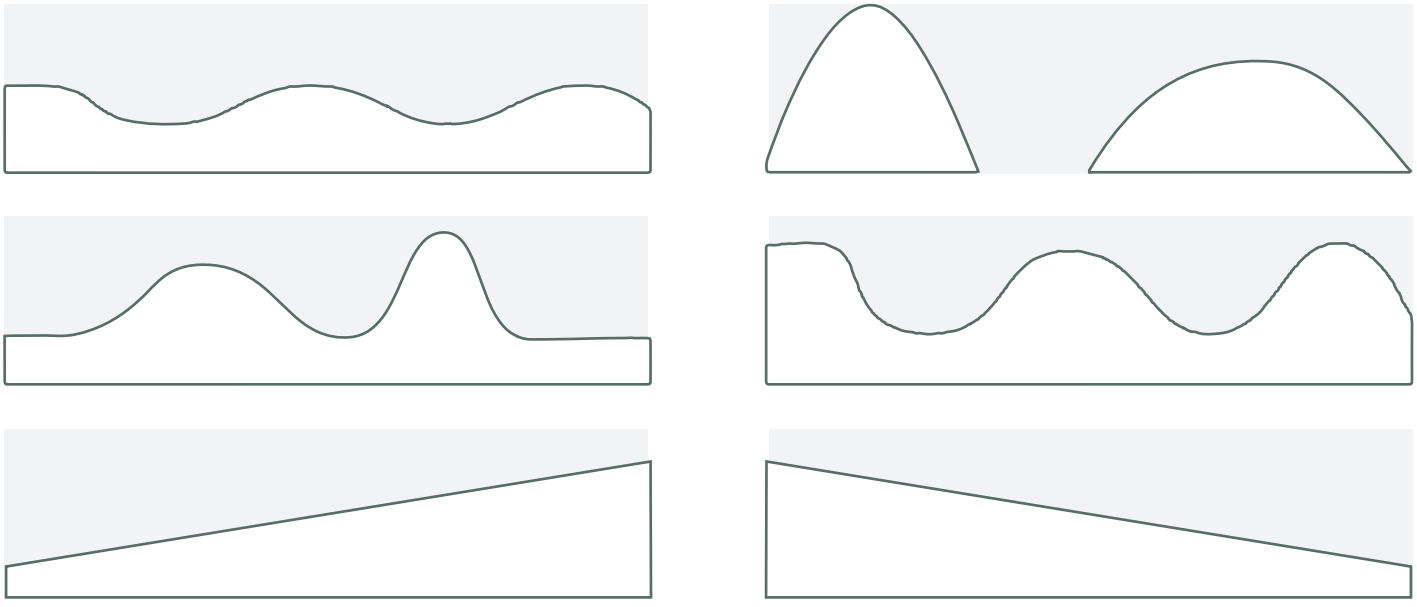
In the morning

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

- o ‘it’s all in your head’
- o aching
- o ashamed
- o broken
- o burning
- o decreased libido or desire
- o difficulty with or-gasm
- o disabling
- o disease
- o disempowering
- o disillusioned
- o distressing
- o down
- o emotional
- o fogginess
- o health anxiety
- o i’m in danger
- o i’m safe
- o loneliness
- o lost
- o moody
- o numbing
- o pain with ejaculation
- o pain with erection
- o paralysing
- o physiological
- o sensory
- o sexual health difficulties
- o spasm
- o suffering
- o thermal
- o traumatic
- o uncoordinated
- o unmotivated
- o weakness
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Highlight all the medical terms used to describe your health experience

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

Online, subscribers have the option to live edit with '+' and '-' icons to customise answers.
Below, highlight predefined answers or add your own.

STATEMENT	RESPONSE			
The issue stops me from	often	a little	hardly	n/a
– sleeping well	◯	◯	◯	◯
– doing the jobs around the house	◯	◯	◯	◯
– shopping	◯	◯	◯	◯
– walking with the dog	◯	◯	◯	◯

STATEMENT	RESPONSE			
The painful facts are	often	a little	hardly	n/a
– my work situation is affected	◯	◯	◯	◯
– I feel lost regarding a diagnosis	◯	◯	◯	◯
– I feel relationships are affected	◯	◯	◯	◯
– I'm concerned about finance	◯	◯	◯	◯

DAILY LIVING QUESTIONNAIRE, CONTINUED

Online, subscribers have the option to live edit with '+' and '-' icons to customise answers.
Below, highlight predefined answers or add your own.

STATEMENT	RESPONSE			
Due to the issue	often	a little	hardly	n/a
– I'm more irritable	◯	◯	◯	◯
– I don't feel like eathing much	◯	◯	◯	◯
– my sleep is disrupted	◯	◯	◯	◯
– I need to rest	◯	◯	◯	◯

STATEMENT	RESPONSE			
Physically, I feel	often	a little	hardly	n/a
– breathless	◯	◯	◯	◯
– I have nothing to look forward to	◯	◯	◯	◯
– tense and unable to relax	◯	◯	◯	◯
– downhearted and blue	◯	◯	◯	◯

DAILY LIVING QUESTIONNAIRE, CONTINUED

Online, subscribers have the option to live edit with '+' and '-' icons to customise answers.
Below, highlight predefined answers or add your own.

STATEMENT	RESPONSE			
Due to the issue emotionally, I feel	often	a little	hardly	n/a
– my situation will never change	◯	◯	◯	◯
– moving will make things worse	◯	◯	◯	◯
– my life is ruined	◯	◯	◯	◯
– of terrible conversations to myself	◯	◯	◯	◯

STATEMENT	RESPONSE			
Support I have	often	a little	hardly	n/a
– supportive friends	◯	◯	◯	◯
– family who are understanding	◯	◯	◯	◯
– pet/s	◯	◯	◯	◯
– spiritual kind	◯	◯	◯	◯
– wellness care provider	◯	◯	◯	◯

DAILY LIVING QUESTIONNAIRE, CONTINUED

Online, subscribers have the option to live edit with '+' and '-' icons to customise answers.
Below, highlight predefined answers or add your own.

STATEMENT	RESPONSE			
What exacerbates the issue?	often	a little	hardly	n/a
– stress	◯	◯	◯	◯
– any movement	◯	◯	◯	◯
– not moving	◯	◯	◯	◯
– loud noise	◯	◯	◯	◯
– being in a busy place	◯	◯	◯	◯

STATEMENT	RESPONSE			
What eases the issue?	often	a little	hardly	n/a
– resting	◯	◯	◯	◯
– sleeping	◯	◯	◯	◯
– walking	◯	◯	◯	◯

DISPLAY INFORMATION IN MY HEALTH STORY

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

◯ Yes ◯ No

LIFE

GOALS

Online, subscribers have the option to live edit with '+' and '-' icons to customise answers.
Below, highlight predefined answers or add your own.

My goal is:	WITHIN WEEKS	WITHIN MONTHS	WITHIN A YEAR	ACHIEVED
– to walk my dog	○	○	○	○
– get back to work	○	○	○	○
– to drive short distances	○	○	○	○
– to join a book club	○	○	○	○
– to manage my shopping	○	○	○	○

LIFE

Briefly document lifestyle, capabilities, and activities before the issue began.

PROFESSIONAL LIFE

PERSONAL LIFE

My Health Story

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

PROVIDE A FULL SUMMARY OF THE HEALTH ISSUE

DESCRIBE HOW THE ISSUE BEGAN

DESCRIBE THE HEALTH ISSUE IN BRIEF

NOTE DIAGNOSTIC INFORMATION

My Health Story

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

My Health Story

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

My Health Story

CURRENT SNAPSHOT

Note current activities such as attending support meetings, participating in an exercise program or new treatment. This information forms a valuable snapshot of your current situation. Transfer any key activities to your Journey.

Date	Notes

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting ‘no’ will hide this information from your health story preview

◯ Yes ◯ No

My Health Story

FILING CABINET

The personal filing cabinet forms a valuable library of health related references. Online subscribers can upload reports, files and images. Below, keep a record of important medical files, reports, scans, etc.

DATE	FILES TO UPLOAD	NOTES

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting ‘no’ will hide this information from your health story preview

◯ Yes ◯ No

My Health Story

PERSONAL SPACE

The Personal Space is an area to record details, questions or concerns of a health experience. The insights can be used to communicate important information with a professional during and between appointments and is shareable for online subscribers.

DATE	NOTES

DISPLAY INFORMATION IN MY HEALTH STORY

Selecting ‘no’ will hide this information from your health story preview

◯ Yes ◯ No

My Health Story

JOURNEY

This information forms a journey of your main health events. Rate treatments and care you have had as 'good, bad' or leave them 'blank' if you are unsure. Online, the information noted forms a journey timeline graphic.

DATE	PROFESSIONAL'S NAME

TREATMENT	RATING (Good, Bad or leave Blank)	BRIEF NOTE

DISPLAY INFORMATION IN MY HEALTH STORY

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

◯ Yes ◯ No