

Health Portfolio Starter Pack

The Essential Health Management Tool for Every Doctor Visit

Your Health Is Your Greatest Asset

Why Organized Health Records Matters

Most people keep better records for their taxes, investments, and vehicles than they do for their own health.

Yet your health is your greatest asset.

The Health Portfolio helps you organize your health story in one place so you can prepare for appointments, ask better questions, track important information, and make more informed decisions.

Because practitioners change. Portals change. Insurance changes.

But your health story stays with you.



How to Use This Starter Pack

1. Fill out the My Health Snapshot page to capture your baseline health info.
2. Complete the Before My Next Visit page before each appointment.
3. Bring both pages to your doctor visit for a focused, productive conversation.
4. After your visit, record action items and follow-up notes.
5. Three-hole punch and store in your Health Portfolio Binder.
6. Update periodically as your health changes.

Why Tracking Your Health Matters

Studies show that patients who bring organized health information to appointments receive better care, ask better questions, and feel more confident in their healthcare decisions. Your Health Portfolio keeps everything in one place so nothing falls through the cracks.

What's Inside

- My Health Snapshot - Your complete health overview on one page
- Before My Next Visit - Appointment preparation worksheet
- Space for action items, follow-ups, and provider notes
- Visual health rating scale to track how you feel over time

Pro Tip: Print these pages, fill them out before each visit, and three-hole punch them into your Health Portfolio Binder. Over time, you'll build a complete record of your health journey that you and your doctors can reference.

Health Portfolio Snapshot

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Health Snapshot

A one-page overview of the most important information about my health.

Date: _____

Personal Information

Name: _____
Date of Birth: _____
Emergency Contact: _____
Pharmacy: _____

Current Health Conditions

Allergies

Major Surgeries / Procedures

Current Medications & Supplements

Name	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Care Team

Primary Care Provider: _____
Specialists: _____

My Top Health Goals This Year

1. _____
2. _____
3. _____

Notes:

Health Portfolio Visit Record

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For My Next Visit

Prepare for your appointment with confidence.

Visit Date: _____

Main Reason For Today's Visit

Secondary Reason to Address

Symptoms I'm Experiencing

Symptom	How Long	Severity (1-10)

Questions I Want To Ask My Doctor

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

Lifestyle Snapshot

Sleep (Avg Hours/Night): _____ Exercise (Days/Week): _____

Stress Level (1-10): _____ Alcohol Use: _____

Smoking Status: _____

Diet Notes:

Overall Health Rating Today

How would you rate your overall health today?

1 2 3 4 5 6 7 8 9 10

Action Items From Today's Appointment

Notes:

Follow-Up Needed: