

**“Likewise the Spirit Also Helpeth Our Infirmities” (Romans 8:26):
Living with Chronic Illness
by
H. Julene Butler**

**BYU Women’s Conference
May 2, 2008**

RECOMMENDED READINGS

- Fennell, Patricia A. (2001). *The Chronic Illness Workbook; Strategies and Solutions for Taking Back Your Life*. New York: Albany Health Management Publishing.
- Frankl, Viktor. (2006). *Man’s Search for Meaning*. Boston: Beacon Press.
- Hales, Brian C. (2002). *Trials: Understanding & Overcoming*. Springville, UT: Bonneville Books.
- Knapp, Libby. (1991, Mar). “Living with Chronic Illness,” *Ensign*, p. 51.
- Lee, Rex E., and Janet G. Lee. *Selective Attitudes and the Happy Life*. BYU Devotional, January 12, 1993.
- Maday, Cheryl. (1999, Sept/Oct). “Writing Off Illness,” *Psychology Today*, 32 (5): 24.
- Scott, Richard G. (1994, May). “To Be Healed,” *Ensign*, p. 7.
- Spero, David. (2002). *The Art of Getting Well; A Five-Step Plan for Maximizing Health When You Have a Chronic Illness*. Alameda, CA: Hunter House Publishing.
- TenBoom, Corrie. (1997). *The Hiding Place*. Chappaqua, NY: Christian Family Book Club.

HEALTH SUMMARY SHEET

The attached health summary sheet was developed by Sister Mary Shaw of Mapleton, Utah. She uses this sheet when she visits medical personnel, allowing her to succinctly summarize her current health situation and update doctors on her symptoms, medications, and other issues that may be overlooked during a routine medical office visit. The summary frees her from repetitious recitals of details that can be reported more readily in this format. Sister Shaw has given permission for others to use and/or revise this document as desired to assist them in their own healthcare needs.

Patient Name: _____
 DOB _____
 Age: _____ Weight: _____
 SS#: _____

Spouse:
 address:
 city, state zip code
 c) xxx-xxx-xxxx
 h) xxx- xxx- xxxx

Insurance:
Name of Primary: _____
ID Number: xxxxxxxx
Group #: xxxxxxxx
 Name of Chronic Illness: _____

Spouse's work: xxx-xxx-xxxx
 Spouse's cell: xxx-xxx-xxxx

Details of your chronic illness. Include website if your illness is especially unusual.

DAILY MEDS:

XXXXXXXXXX Pharmacy, City, State: xxx-xxx-xxxx

Oral Daily:

<u>Amount, Name of Drug</u>	<u>Dose, Form, (Taken for what health condition)</u>
8 Xxxx	10 mEq capsules, w/ food (for xxxxxxxx)
2 Xxxxxx	2 Mg tablet (for xxxxxxxx)
1 Xxxxxx	30 mg capsule, (for xxxxxx)
1 Xxxxxx	10 mg tablet, (for xxxxxx)
1 Xxxxxx	75 mg capsules,1 (for xxxxxx)
Xxxxxxxx	1 puff @ am; 1 puff (for Asthma)
Xxxxxxxx	2 puffs, prn (for Asthma)
Xxxxxx	1 puff @ pm (for Asthma)

PRN: (Taken as needed)

2 Xxxxxx	10mg tablet (for xxxxx)
Xxxxxxxx	x ML Nebulizer (for Asthma)

SYMPTOMS YOU EXPERIENCE

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Special Medication Note:

Use this space if there is specific information on your prescription drugs or other medication that you take which would be especially helpful to any Doctor that may see you.

ALLERGIES

- **Name of Drug**
Describe your allergic reaction; ie, redness, itchy, swelling, vomiting, agitating, etc.
- **Name of Drug**
Describe your allergic reaction
- **Name of Drug**
Describe your allergic reaction

CURRENT HEALTH

- XXXXXXXX
(diagnosed: month/year)
- XXXXXXXXXXXX
(diagnosed: xx/xxxx)
- XXXXXXXX
(diagnosed: x/xxxx)
- XXXXXXX XXXXX
(diagnosed: xx/xxxx)
- XXXX
(diagnosed: xx/xxxx)

PHYSICIANS

Dr. Xxx XXXXXXX. Primary, xxx-xxxx
 Dr. X xx XXXXXXXXXXXX GI, xxx-xxxx
 Dr. XXXX Xxx, Neph, xxx-xxxx
 Dr. XXXX XXXXX GYN, xxx-xxxx

RECENT (PAST) DOCTORS

- Dr. XXXXX, IM, Primary
xxx-xxx-xxxx, fax (xxx) xxx-xxxx
- Dr. XXXXXXXXXXX, Ortho
xxx-xxx-xxxx
- Dr. XXXXXXX, GI
xxx-xxx-xxxx

Prior Physicians

- XXXXX XXXX, M.D, Neph.
Stanford Hosp. xxx-xxx-xxxx
- Xxx XXXXXXX, M.D. GI
San Fran. Gen. Hosp. xxx-xxx-xxxx
- XXXXX XXXXXX M.D, IM
Stanford Hosp. xxx-xxx-xxxx
- Dr. XXXXX XXXXX, M.D, GI
Fremont, CA xxx-xxx-xxxx
- Dr. Xxx XXXXXX, M.D, Neph.
Fremont, CA xxx-xxx-xxxx

SURGERIES

- Type: date
- Type: date
- Type: date
- Type: date