



My Diary

No. _____

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My Diary is...

People who suffer from severe illness worry about their future, daily life, work and family. It is not enough to leave everything to doctors for proper treatment. It is important that you have a discussion with your healthcare professionals.

My Diary was created for patients facing illness, to make their days as normal as possible.

Do not hesitate to describe what you think about your illness, treatment, impact on daily life and anything you worry about. Please use this diary like an exchange diary or record with medical staff so that you can communicate with each other.

About yourself

Katakana		Birthday	/ /
Name			
Street address	(〒 -)		
Emergency contact information			
1.Name	relationship	home phone:	mobile:
2.Name	relationship	home phone:	mobile:
Primary care doctor		TEL	
Primary care doctor		TEL	
Specialist/ Referral doctor		TEL	
Hospital with palliative care unit			
		TEL	
		Interview	(○ / ×)
		Reservation	(○ / ×)
		TEL	
		Interview	(○ / ×)
		Reservation	(○ / ×)
Home health care aides/nurse			
		Person in charge	
		TEL	
Family pharmacy		Person in charge	
		TEL	
		Person in charge	
		TEL	

Please let us know

☆Your disease: Goal of your treatment:

☆Please let us know what you understand about your doctor's explanation.

The doctor who explained : Date of Explanation:

- Condition:
- Treatment Plan:

☆What do you want to cherish in your daily life? Please let us know if you wish.

date : / / name _____



Diary of your Physical Condition

[Daily life / Others] date: / / ()

Amount of sleep	Number of defecations	How many times did you urinate?	Body temperature	

[Physical Condition]

Can't sleep at Night	Pain	Hard time? Feel bad?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your pain level

0 · 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10

[Meals – What did you eat]

Breakfast	
Lunch	
Dinner	

[Notes/Any other information]

Medicine Usage and Precautions

■ Daily Medicines

date: / /

Medicine Name	Dosage	When do you take it?	Important Notes/Warning/Caution

■ Additional Medicine

date: / /

Medicine Name	Dosage	When do you take it?	Important Notes/Warning/Caution

■ External Medicines

date: / /

Medicine Name	When do you apply it?

Precautions for Medical Narcotics

■ About Side Effects

- **Constipation** : This is a common side effect. Please use laxatives and bowel regulators to keep with defecation.
- **Nausea** : After starting the medicine, or increasing dosage, it is common to experience nausea for about a week.
- **Sleepiness/Drowsiness** : There may be a feeling of drowsiness for about a week after you start taking it or after increasing your dosage. However, you should gradually get used to it. If that's not the case, you should consult your doctor.

■ Handling of Narcotic is restricted by law

- Only the prescribed patient is allowed to use
- Be careful with storage
 - Keep out of reach of children and pets
- Any excess should be returned to the hospital or pharmacy
 - Do not throw away or give to someone else

■ When you want to reduce or discontinue usage

- You may experience withdrawal, such as weariness, nausea, sweatiness, palpitation and uneasiness, if you discontinue without medical guidance
- Always consult your doctor or pharmacist before changing or stopping usage

Explanation/Consent Form

You no longer need to fill out a consent form

Hospital: _____ Department: _____

Person in charge of explanation: _____

I explained the support of using *My Diary* as form.

Purpose	We use <i>My Diary</i> so that patients and their families can continue their medical treatment with peace of mind.
How to use	Please fill in what you want to convey about your daily life and medical care to the staff in charge of your care
About Discontinuation of <i>My Diary</i>	We guarantee to protect your privacy, and will use the information in this diary only for medical purposes. Even if you choose to stop using <i>My Diary</i> , your medical care will not change. So please do not hesitate to contact us.
About Loss on <i>My Diary</i>	You are responsible for the loss your diary. This contains personal information, so please handle with care and be careful not to lose it.

I agree to use *My Diary* after receiving the above explanation and fully understand my responsibilities.

Consent Date: _____

Patient Name: _____

Family Member: _____ (Relationship: _____)