

# Family Journal

This Journal Belongs To





## Family Journal

### Introduction

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The Family Journal was put together by the Maternal and Children's Patient and Family Advisory Council. The Council identified the Journal as a much needed resource to help families keep a record of their child's health.

The Journal allows you to keep track of personal information, doctor's names, members of your child's care team, medical history, allergies, family medical information, childhood illnesses, immunizations, admissions & doctor visits, blood work & test results, medications, height & weight, equipment & supplies and school information. Families are encouraged to make the Journal their own by adding new sections that relate to the needs of their family.

Also, a key to the success of the Journal is keeping it as up to date as possible. Ideally, Journals should be taken to all health related appointments to help you better communicate with all members of your health care team by ensuring you have up to date and readily available information.

Currently the Journal is a pilot project and will be provided to families new to the Alvin Buckwold Child Development Program, Kinsmen Children's Centre. To access refill pages or to download the journal please go to our website at:  
[http://www.saskatoonhealthregion.ca/your\\_health/ps\\_maternal\\_and\\_childrens\\_advisory\\_council.htm](http://www.saskatoonhealthregion.ca/your_health/ps_maternal_and_childrens_advisory_council.htm).

We would appreciate it, if families could fill out the Family Journal Evaluation Form. We welcome your ideas and comments on this Journal.

The Patient and Family Advisory Council modeled the Family Journal after Journals at the Hospital for Sick Children in Toronto Ontario and the Alberta Children's Hospital in Calgary Alberta.

Yours in Family Centred Care,

The Maternal and Children's Patient and Family Advisory Council

*The mission of the Maternal and Children's Patient and Family Advisory Council is to make positive changes to Maternal and Children's Health Services by cultivating respectful empowering partnerships between patients, families, leadership and staff. The council will advocate for changes that enhance the delivery of high quality compassionate patient and family centred care. At the foundation of patient and family centred care are the overriding guiding principles of respect, participation, information-sharing and collaboration. Patients and families are treated with respect and empowered with clear, comprehensive information. Patients and families are encouraged to participate and collaborate fully in policies, programs, education and delivery of care.*



Family Journal

Evaluation Form

1. Do you find the Journal clear and easy to use? (ie. pages easy to find, pages you need etc)

0	1	2	3	4	5
Easy					Difficult

2. Is the information on the pages provided useful?

0	1	2	3	4	5
Not Useful					Very Useful

Comments: (What do you find most useful/least useful)

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3. Overall, how useful do you find the Journal?

0	1	2	3	4	5
Not Useful					Very Useful

4. Would you recommend this Journal to other families?

Yes	No	Not Sure
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5. Additional Comments / Suggestions:

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(Please use other side of sheet if additional room needed.)

Please forward your Evaluation Form to:

MCHS Patient & Family Advisory Council  
c/o Maternal and Children's Health Services  
Royal University Hospital  
Administration Office, 6<sup>th</sup> Floor  
103 Hospital Drive  
Saskatoon, SK S7N 0W8

Comments are also welcome via email to: [pfac.mchs@saskatoonhealthregion.ca](mailto:pfac.mchs@saskatoonhealthregion.ca)  
Forms can also be deposited in drop boxes at the Alvin Buckwold Child Development Program and Outpatient Services, Labour and Delivery Unit, Post Partum Unit, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit and Pediatric Ward.



## Family Journal

### Helpful Hints on How to Use Your Journal

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The Journal is a simple tool designed to help you record very important information about your child's health.

- It is up to each family to decide how to use their Journal. You decide what information to include and how to use the information you gather.
- It can be very difficult finding your way through the health care system. You may also have many different people responsible for your child's health. The Journal can provide you with a way to keep track of all the different information you receive as well as easily find and share the information regarding your child's care with members of your health care team. You may also choose to keep all information in the binder as a private resource for your family.
- When there is a change in your child's health, record it when it happens or soon afterwards. The more often you use your binder, the more up to date it will be, and the more comfortable you will be using it.
- Use the journal to write down any questions you might have for your child's healthcare team. Take your Journal with you to all health related appointments and update the medical information on site.
- Make the Journal your own and add new sections that relate to your child's health as you see fit.
- Keep your Journal as up to date as possible. Take out information that is not longer applicable or outdated and keep this information somewhere you know you can find it should you need it again. If you do decided you no longer need some information, we ask you to please try and recycle.

### Other Resources

Other resources your family may find helpful are:

- ***The Incredible Parent Directory*** - Resources and Services for Parents, Caregivers and Professionals
  - <http://saskatoonhealthregion.ca>
- ***Navigating the System*** - An Advocacy Handbook for Parents of Children Intellectual Disabilities, developed by the Saskatchewan Association for Community Living
  - <https://www.sacl.org>



**Personal Information**

Child's Name:	Preferred Name:
Date of Birth: year/month/day:	Sask Health Card Number:
	RUH #:

**Family Members**

Parent/ Guardian

Name:	
Relationship to Child:	
Address:	
Phone: Home:	Work:
Cell:	Fax:
e-mail:	

Parent/ Guardian

Name:	
Relationship to Child:	
Address:	
Phone: Home:	Work:
Cell:	Fax:
e-mail:	

Parent/ Guardian

Name:	
Relationship to Child:	
Address:	
Phone: Home:	Work:
Cell:	Fax:
e-mail:	

**Other Household Members**

Name	Date of Birth	Relationship to Child

**Important Family Information**

Preferred Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_  
 Interpreter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School Name and Contact: \_\_\_\_\_  
 Or, Preschool Caregiver: \_\_\_\_\_



Family Journal

Doctors

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:

**Doctor**

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Contact Person:
Emergency #:	e-mail:



Family Journal

**More Members of My Team**

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**More Members of My Heather Care Team**

Think about including your social worker, dietician, occupational therapist, physical therapist, speech-language pathologist, clinic nurse, nurse practitioner, pharmacist, home care coordinator/nurses, respiratory therapist, genetic counselor, contact person, etc.

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	

Name:	Specialty:
Address:	
Office Phone:	Fax:
Clinic Phone:	Cell Phone:
e-mail:	



Family Journal

***Medical History***

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**Brief Medical History** (Diagnosis, Date)

Lined area for writing the medical history, consisting of numerous horizontal lines.







Family Journal

Childhood Illness/Allergies

**Childhood Illnesses**

(Chicken Pox, Measles, Mumps, Rubella, Whooping Cough, RSV, etc.)

Childhood Illness	Age	Date of Diagnosis	Comments and Name of person making diagnosis

**Allergies**

Remember to include ALL allergies: Medication, Food, Latex, Other

Allergy	Reaction (vomiting, hives, swelling, etc.)	Treatment	Comments



Family Journal

*Immunization Schedule*

	DTaP-Polio	Hepatitis B	Hib	HPV (females)	Influenza	MC	MMRV	PC	Pneumo-23-valent	Td	Tdap
2 months	●		●					●			
4 months	●		●					●			
6 months	●		●					●			
6 + months					●						
12 months						●	●				
18 months	●		●				●	●			
4-6 years	●										
Grade 6		● ● ●		● ● ●							
12-14 years											●
Every 10 years										●	
65 years +					● each fall				●		

Source: Canadian Immunization Guide 2006

**\*Note:** This schedule does not include vaccines recommended for clients with risk factors.  
 This schedule does not include any catch-up programming for school-aged children  
 It is important to keep an immunization record for all family members.

<b>For more information, contact the nearest Public Health Office:</b>						
<b>Saskatoon &amp; Surrounding Area Locations</b>			<b>Rural Area Locations</b>			
North East	<b>655-4700</b>		Humboldt	<b>682-2626</b>	Wakaw	<b>233-4363</b>
Our Neighbourhood	<b>655-4950</b>		Rosthern	<b>232-6001</b>	Watrous	<b>946-2102</b>
South East	<b>655-4730</b>			<b>or Toll Free: 1-888-301-4636</b>		<b>or Toll Free: 1-877-817-9336</b>
West Winds	<b>655-4275</b>		Wadena	<b>338-2538</b>	Wynyard	<b>554-3335</b>
International Travel	<b>655-4780</b>					

[www.saskatoonhealthregion.ca/publichealth](http://www.saskatoonhealthregion.ca/publichealth)

















Family Journal

**Equipment and Supplies**

Description	
Supplier:	
Contact Person:	Office Phone:
Cell Phone:	Fax:
Address:	
Website:	
e-mail:	

Description	
Supplier:	
Contact Person:	Office Phone:
Cell Phone:	Fax:
Address:	
Website:	
e-mail:	

Description	
Supplier:	
Contact Person:	Office Phone:
Cell Phone:	Fax:
Address:	
Website:	
e-mail:	

Description	
Supplier:	
Contact Person:	Office Phone:
Cell Phone:	Fax:
Address:	
Website:	
e-mail:	

Description	
Supplier:	
Contact Person:	Office Phone:
Cell Phone:	Fax:
Address:	
Website:	
e-mail:	

