MYOSITIS SUPPORT & UNDERSTANDING

EMPOWERING THE MYOSITIS COMMUNITY

Medical Binder

This binder is fully customizable. Fill in and print the pages that best fit your needs.

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TABLE OF CONTENTS

PROFILE & CONTACTS

Keep essential information and important contacts all in one place.

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MEDICAL PROFILE

GENERAL INFORMATION

NAME		DOB
HEIGHT	WEIGHT	BLOOD TYPE
PRIMARY LANGUAGE		ORGAN DONOR? ☐ YES ☐ NO
EMERGENCY CONTACT		

PRIMARY CARE & SPECIALISTS

PRIMARY PHYSICIAN	
SPECIALTY	PHONE NO.
FACILITY / CLINIC	
OTHER PROVIDER	

CURRENT MEDICAL CONDITIONS

ALLERGIES (MEDICATIONS, FOOD, ETC.)

CURRENT MEDICATIONS

MEDICATION	DOSAGE	FREQUENCY	START DATE	PRESCRIBER

INSURANCE INFO.

HEALTH INSURANCE PROVIDER	
POLICY / ID #	GROUP #

MEDICAL PROFILE

MAJOR DIAGNOSES & CONDITIONS

CONDITION	DATE DIAGNOSED	PHYSICIAN / FACILITY	CURRENT STATUS

HOSPITALIZATIONS

REASON FOR ADMISSION	DATES	FACILITY	OUTCOME / NOTES

SURGERIES & PROCEDURES

PROCEDURE	DATE	FACILITY	SURGEON	NOTES

OTHER SIGNIFICANT HEALTH EVENTS

(E.G., ACCIDENTS, TREATMENTS, THERAPIES, TRANSPLANTS, OR CANCER REMISSION DATES)

CAREGIVER INFO & INSTRUCTIONS

PRIMARY CAREGIVER INFORMATION

NAME	RELATION
EMAIL	PHONE NO.
ADDRESS	

DAILY CARE ROUTINE (QUICK REFERENCE)

MORNING:	EVENING:
AFTERNOON:	NIGHT / BEDTIME:

SPECIAL CARE INSTRUCTIONS

DIETARY RESTRICTIONS:

MOBILITY ASSISTANCE NEEDS:

DEVICES/EQUIPMENT USED (WALKER, OXYGEN, ETC.):

OTHER NOTES (BEHAVIORAL, EMOTIONAL SUPPORT, COMFORT MEASURES):

DAILY CARE ROUTINE (QUICK REFERENCE)

☐ Check meds are taken on time		☐	
☐ Monitor vital signs (if applicable)		☐	
☐ Document changes in condition		☐	
☐		☐	

EMERGENCY PROTOCOLS

WHO TO CALL FIRST:

LOCAL HOSPITAL CONTACT:

EMERGENCY CONTACTS

FULL NAME

RELATIONSHIP	PHONE NO.
EMAIL	WORKPHONE

ADDRESS

NOTES

FULL NAME

RELATIONSHIP	PHONE NO.
EMAIL	WORKPHONE

ADDRESS

NOTES

FULL NAME

RELATIONSHIP	PHONE NO.
EMAIL	WORKPHONE

ADDRESS

NOTES

FULL NAME

RELATIONSHIP	PHONE NO.
EMAIL	WORKPHONE

ADDRESS

NOTES

FULL NAME

RELATIONSHIP	PHONE NO.
EMAIL	WORKPHONE

ADDRESS

NOTES

CARE TEAM CONTACTS

NAME	
SPECIALTY	PHONE NO.
FACILITY	FAX
ADDRESS	
NOTES	

NAME	
SPECIALTY	PHONE NO.
FACILITY	FAX
ADDRESS	
NOTES	

NAME	
SPECIALTY	PHONE NO.
FACILITY	FAX
ADDRESS	
NOTES	

NAME	
SPECIALTY	PHONE NO.
FACILITY	FAX
ADDRESS	
NOTES	

NAME	
SPECIALTY	PHONE NO.
FACILITY	FAX
ADDRESS	
NOTES	

MEDICAL SPECIALIST CONTACTS

MYOSITIS SUPPORT & UNDERSTANDING
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NAME	NAME
PHONE	PHONE
CLINIC	CLINIC
NOTES	NOTES

NAME	NAME
PHONE	PHONE
CLINIC	CLINIC
NOTES	NOTES

NAME	NAME
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CLINIC	CLINIC
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NAME	NAME
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CLINIC	CLINIC
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NAME	NAME
PHONE	PHONE
CLINIC	CLINIC
NOTES	NOTES

HEALTHCARE FACILITY LIST

Myositis Support & Understanding
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NAME

TYPE | ☐ HOSPITAL ☐ CLINIC ☐ URGENT CARE ☐ PHARMACY ☐ REHAB ☐ HOSPICE ☐ OTHER:

WEBSITE | PHONE NO.

ADDRESS

PRIMARY CARE CONTACT (IF KNOWN):

NOTES

NAME

TYPE | ☐ HOSPITAL ☐ CLINIC ☐ URGENT CARE ☐ PHARMACY ☐ REHAB ☐ HOSPICE ☐ OTHER:

WEBSITE | PHONE NO.

ADDRESS

PRIMARY CARE CONTACT (IF KNOWN):

NOTES

NAME

TYPE | ☐ HOSPITAL ☐ CLINIC ☐ URGENT CARE ☐ PHARMACY ☐ REHAB ☐ HOSPICE ☐ OTHER:

WEBSITE | PHONE NO.

ADDRESS

PRIMARY CARE CONTACT (IF KNOWN):

NOTES

NAME

TYPE | ☐ HOSPITAL ☐ CLINIC ☐ URGENT CARE ☐ PHARMACY ☐ REHAB ☐ HOSPICE ☐ OTHER:

WEBSITE | PHONE NO.

ADDRESS

PRIMARY CARE CONTACT (IF KNOWN):

NOTES

SUPPORT GROUPS LIST

Myositis Support & Understanding
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NAME

TYPE	MEETING SCHED.
WEBSITE	PHONE NO.

ADDRESS

NOTES

NAME

TYPE	MEETING SCHED.
WEBSITE	PHONE NO.

ADDRESS

NOTES

NAME

TYPE	MEETING SCHED.
WEBSITE	PHONE NO.

ADDRESS

NOTES

NAME

TYPE	MEETING SCHED.
WEBSITE	PHONE NO.

ADDRESS

NOTES

NAME

TYPE	MEETING SCHED.
WEBSITE	PHONE NO.

ADDRESS

NOTES

MYOSITIS CLASSES

Understanding these classifications helps in accurate diagnosis and the development of appropriate treatment plans for individuals with myositis.

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DERMATOMYOSITIS

Dermatomyositis (DM) is a rare inflammatory myopathy that affects fewer than 200,000 people. It is characterized by chronic inflammation, distinctive skin rashes and muscles weakness or fatigue. There are several subgroups based on specific antibodies. These can be determined through a Myositis panel. It affects twice as many women as men. It is more common in African Americans. It typically affects adults between 40 - 60 years old. Juvenile Dermatomyositis can affect children as young as 2 years old.

SKIN SYMPTOMS	MUSCLE SYMPTOMS	OTHER COMPLICATIONS
☐ GOTTRON'S PAPULES KNUCKLES	☐ PROXIMAL MUSCLE WEAKNESS	☐ FATIGUE
☐ GOTTRON'S PAPULES ELBOWS	☐ MUSCLE FATIGUE	☐ CALCINOSIS
☐ GOTTRON'S PAPULES KNEES	☐ MUSCLE PAIN	☐ PHOTOSENSITIVITY
☐ GOTTRON'S PAPULES KNEES	☐ DIFFICULTY RISING	☐ THINNING HAIR
☐ SHAWL SIGN	☐ DIFFICULTY WITH STAIRS	☐ MOUTH ULCERS
☐ V-NECK RASH	☐ DIFFICULTY LIFTING	☐ SHORTNESS OF BREATH
☐ HELIOTROPE RASH	☐ DYSPHAGIA (SWALLOWING)	☐ JOINT PAIN
☐ MALAR RASH	☐ CHOKING ON FOODS/LIQUID	☐ BRAIN FOG
☐ ITCHY SCALP RASH	☐ ACCESSORY MUSCLES BREATHING	☐ DYSPHONIA (HOARSENESS)
☐ RAYNAUD'S	☐	☐ CANCER(S)
☐ MECHANIC'S HANDS/FEET	☐	☐ CARDIOVASCULAR DISEASE
☐ RAGGED CUTICLES	☐	☐ INTERSTITIAL LUNG DISEASE
☐	☐	☐ GASTROINTESTINAL ISSUES
☐	☐	☐ CONNECTIVE TISSUE DISEASE(S)
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CLINICALLY AMYOPATHIC DERMATOMYOSITIS

Amyopathic Dermatomyositis (ADM) and Hypomyopathic Dermatomyositis (HDM), together referred to as Clinically Amyopathic Dermatomyositis (CADM), are subsets of Dermatomyositis (DM), one of the Idiopathic Inflammatory Myopathies. The cause is unclear and there is no cure. CADM is also referred to as skin-predominant dermatomyositis.

SIGNS & SYMPTOMS

- ☐ SKIN RASH/DISCOLORATIONS
- ☐ GOTTRON'S PAPULES
- ☐ GOTTRON'S SIGN
- ☐ SCALP ITCHING
- ☐ HAIR LOSS
- ☐ TELANGIECTASIA (NAIL FOLDS)
- ☐ NONEROSIVE POLYARTHRITIS
- ☐ JOINT INFLAMMATION
- ☐ VARIED LUNG DISORDERS
- ☐ DYSPHAGIA (SWALLOWING)
- ☐ DRY, SCALY, TOUGH SKIN
- ☐ FATIGUE
- ☐ WEIGHT LOSS
- ☐ LOW GRADE FEVER
- ☐ MYALGIA (MUSCLE PAIN)
- ☐
- ☐
- ☐
- ☐
- ☐

OTHER COMPLICATIONS

- ☐ GI ULCERS/PERFORATIONS
- ☐ CALCINOSIS
- ☐ RAYNAUD'S PHENOMENON
- ☐ DYSPHONIA (HOARSENESS)
- ☐ PANNICULITIS (FAT INFLAMMATION)
- ☐ IRREGULAR HEARTRATE
- ☐ CARDIOMYOPATHY
- ☐ CONNECTIVE TISSUE OVERLAPS
- ☐ CARDIOVASCULAR DISEASE
- ☐ CANCER RISK
- ☐ ASPIRATION PNEUMONIA
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POLYMYOSITIS

Polymyositis (PM) is a rare inflammatory myopathy characterized by chronic muscle inflammation and weakness. This muscle weakness can develop over a period of days, weeks, or months. PM affects twice as many women as men. Studies indicate it is more common in African Americans.

MUSCLE SYMPTOMS

- ☐ PROXIMAL MUSCLE WEAKNESS
- ☐ SYMMETRICAL MUSCLE WEAKNESS
- ☐ ARTHRITIS
- ☐ MYALGIA (MUSCLE PAIN)
- ☐ DYSPHAGIA (SWALLOWING)
- ☐ FATIGUE
- ☐ LOW GRADE FEVER
- ☐ DYSPNEA (SHORTNESS BREATH)
- ☐ DYSPHONIA (HOARSENESS)
- ☐ DIFFICULTY STANDING
- ☐ DIFFICULTY TURNING
- ☐ DIFFICULTY LIFTING
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OTHER COMPLICATIONS

- ☐ INCREASED FALL RISK
- ☐ MECHANIC'S HANDS
- ☐ ASPIRATION PNEUMONIA
- ☐ INTERSTITIAL LUNG DISEASE
- ☐ RAYNAUD'S PHENOMENON
- ☐ IRREGULAR HEARTBEAT
- ☐ INCREASED HEART DISEASE RISK
- ☐ CARDIOMYOPATHY
- ☐ CONNECTIVE TISSUE OVERLAPS
- ☐ CANCER(S) RISK
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Immune-Mediated Necrotizing Myopathy

Immune-Mediated Necrotizing Myopathy (IMNM) also known as Necrotizing Autoimmune Myopathy (NAM), is a rare autoimmune muscle disease and one of the idiopathic inflammatory myopathies (IIM). The cause is often unknown, and there is no cure. IMNM is divided into three subgroups: Anti-HMGCR Myopathy (linked to statin use), Anti-SRP Myopathy (sudden severe muscle weakness), and Antibody-Negative IMNM (diagnosed by muscle biopsy and high CK levels). It affects both men and women, typically between ages 40-60, and can mimic muscular dystrophy in children.

SYMPTOMS	OTHER COMPLICATIONS
☐ TRUNK MUSCLE WEAKNESS	☐ MUSCLE DYSTROPHY MIMICS
☐ DISTAL MUSCLE WEAKNESS	☐ ORGAN DAMAGE
☐ MUSCLE PAIN	☐
☐ FATIGUE	☐
☐ MUSCLE ATROPHY	☐
☐ V-NECK RASH	☐
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INCLUSION BODY MYOSITIS

Inclusion Body Myositis (IBM) one of the idiopathic inflammatory myopathies (IIM), is a complex, rare, and incurable autoimmune and degenerative muscle disease with an unknown cause. IBM leads to slowly progressing muscle weakness and wasting over months and years. While it can affect various individuals, it is more prevalent in men and those over the age of 50.

MUSCLE SYMPTOMS

- [ ] ASYMMETRIC MUSCLE WEAKNESS
- [ ] MUSCLE WEAKNESS/ATROPHY
- [ ] FINE MOTOR DIFFICULTY
- [ ] WEAK NECK MUSCLES
- [ ] SHAWL SIGN
- [ ] V-NECK RASH
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OTHER COMPLICATIONS

- [ ] DYSPHAGIA (SWALLOWING)
- [ ] ASPIRATION THROAT
- [ ] ASPIRATION PNEUMONIA
- [ ] WEAKENED DIAPHRAGM
- [ ] RESTRICTED MOBILITY
- [ ] FALL RISK
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ANTISYNTHETASE SYNDROME

Antisynthetase Syndrome (ASyS) also known as Anti-Jo1 syndrome, is an autoimmune inflammatory myopathy (IIM) characterized by Autoantibodies to aminoacyl transfer RNA synthetases (anti-ARS). ASyS affects twice as many women as men. The average age of antisynthetase syndrome onset is 50. Antisynthetase Syndrome is associated with a number of known autoantibodies called aminoacyl-tRNA synthetase (ARS) autoantibodies. Anti-Jo-1, anti-PL-7, anti-PL-12, anti-EJ, anti-KS, anti-OJ, anti-Ha, and anti-Zo antibodies target aminoacyl-tRNA synthetases and represent Antisynthetase Syndrome.

SYMPTOMS

- ☐ WEAKNESS ARMS
- ☐ WEAKNESS LEGS
- ☐ SKIN LESIONS
- ☐ MUSCLE INFLAMMATION
- ☐ MECHANIC HANDS
- ☐ FATIGUE
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OTHER COMPLICATIONS

- ☐ RAYNAUD'S PHENOMENON
- ☐ POLYARTHRITIS
- ☐ INTERSTITIAL LUNG DISEASE
- ☐
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MEDICATION & SUPPLEMENTS

Track prescriptions, doses, refills, and supplements with ease.

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MEDICATION SCHEDULE

NAME

DOB

ALLERGIES / CONDITION

MEDICATION TABLE

MEDICATION NAME	DOSAGE	AM (7-9)	NN (11-1)	PM (5-7)	BT (9-11)	PRESCRIBED BY	PURPOSE
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MEDICATION TRACKER

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MORNING MEDICATION	DOSE	TIME	M	T	W	T	F	S	S

AFTERNOON MEDICATION	DOSE	TIME	M	T	W	T	F	S	S

EVENING MEDICATION	DOSE	TIME	M	T	W	T	F	S	S

OTHER MEDICATION	DOSE	TIME	M	T	W	T	F	S	S

MONTHLY MEDICATION LOG

MYOSITIS SUPPORT & UNDERSTANDING
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JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

WEEK 1 | MEDICATION NAME	DOSE	TIME	M	T	W	T	F	S	S

WEEK 2 | MEDICATION NAME	DOSE	TIME	M	T	W	T	F	S	S

WEEK 3 | MEDICATION NAME	DOSE	TIME	M	T	W	T	F	S	S

MONTHLY MEDICATION LOG

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

WEEK 4 | MEDICATION NAME	DOSE	TIME	M	T	W	T	F	S	S

WEEK 5 | MEDICATION NAME	DOSE	TIME	M	T	W	T	F	S	S

NOTES (INSTRUCTIONS / PRECAUTIONS / ADVERSE REACTIONS)

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DISCONTINUED MEDICATION LIST

MEDICATION NAME	DOSE	STARTED	DISCONTINUED	REASON

VITAMINS & SUPPLEMENTS

MYOSITIS SUPPORT & UNDERSTANDING
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SUPPLEMENT NAME	DOSE	TIME	M	T	W	T	F	S	S

| NOTES (PURPOSE, SPECIAL INSTRUCTIONS, SIDE EFFECTS)

PHARMACY & PRESCRIPTION INFO

PHARMACY INFORMATION

PREFERRED PHARMACY (NAME & BRANCH):

ADDRESS:

PHONE NO.

WEBSITE

HOURS/DELIVERY INFO:

DELIVERY INSTRUCTIONS:

MEDICATIONS & SUPPLEMENTS

- ☐
- ☐
- ☐
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- ☐

PRESCRIPTION PLAN / COVERAGE DETAILS (FOR BILLING & CLAIMS)

PROVIDER

MEMBER/POLICY ID

GROUP #

OTHER IDENTIFIERS (E.G., BIN, NHS #, PBS INFO):

CO-PAY/COVERAGE NOTES:

ELIGIBLE FOR HSA / FSA / OTHER? ☐ YES ☐ NO

PHARMACY INFORMATION

PREFERRED PHARMACY (NAME & BRANCH):

ADDRESS:

PHONE NO.

WEBSITE

HOURS/DELIVERY INFO:

DELIVERY INSTRUCTIONS:

MEDICATIONS & SUPPLEMENTS

- ☐
- ☐
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- ☐

PRESCRIPTION PLAN / COVERAGE DETAILS (FOR BILLING & CLAIMS)

PROVIDER

MEMBER/POLICY ID

GROUP #

OTHER IDENTIFIERS (E.G., BIN, NHS #, PBS INFO):

CO-PAY/COVERAGE NOTES:

ELIGIBLE FOR HSA / FSA / OTHER? ☐ YES ☐ NO

APPOINTMENTS & VISITS

Stay organized for every visit, and never miss a detail.

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APPOINTMENT TRACKER

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DATE	TIME	PURPOSE OF VISIT	NOTES (PROVIDER, FOLLOW-UPS)	✓
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MONTHLY APPOINTMENT CALENDAR

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

MON	TUE	WED	THU	FRI	SAT	SUN

APPOINTMENT DETAILS	DATE

YEARLY APPOINTMENT OVERVIEW

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

01 | JANUARY	02 | FEBRUARY	03 | MARCH

04 | APRIL	05 | MAY	06 | JUNE

07 | JULY	08 | AUGUST	09 | SEPTEMBER

10 | OCTOBER	11 | NOVEMBER	12 | DECEMBER

PRE-APPOINTMENT CHECKLIST

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

APPT:

DATE & TIME:

LOCATION:

SPECIALIST:

DOCUMENTS TO BRING

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TASKS TO COMPLETE

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QUESTIONS TO ASK

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APPT:

DATE & TIME:

LOCATION:

SPECIALIST:

DOCUMENTS TO BRING

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TASKS TO COMPLETE

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QUESTIONS TO ASK

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DOCTOR VISITS

DATE & TIME	LOCATION
DOCTOR	CONTACT

REASON FOR VISIT / SYMPTOMS:	DOCTOR'S ADVICE:
QUESTIONS TO ASK:	
TESTS ORDERED (LABS, IMAGING):	PRESCRIPTIONS:
NEXT APPOINTMENT:	

FOLLOW-UP TASKS: ☐ ARRANGE TESTS ☐ SCHED. FOLLOW-UP ☐ PICK UP MEDS ☐ UPDATE RECORDS

DATE & TIME	LOCATION
DOCTOR	CONTACT

REASON FOR VISIT / SYMPTOMS:	DOCTOR'S FEEDBACK:
QUESTIONS TO ASK:	
TESTS ORDERED (LABS, IMAGING):	PRESCRIPTIONS:
NEXT APPOINTMENT:	

FOLLOW-UP TASKS: ☐ ARRANGE TESTS ☐ SCHED. FOLLOW-UP ☐ PICK UP MEDS ☐ UPDATE RECORDS

DOCTOR NOTES

DATE & TIME	DURATION
PROVIDER	
REASON FOR VISIT	

QUESTIONS TO ASK (MEDICATIONS TO REVIEW, CONCERNS, ETC.)

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NOTES FROM THE VISIT

AFTER-VISIT TO-DOS

THERAPY SESSION LOG

MYOSITIS SUPPORT & UNDERSTANDING
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DATE	TIME	DETAILS	DURATION	NOTES	✓
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HOSPITALIZATION RECORDS

ADMISSION DATE	DISCHARGE DATE
HOSPITAL	PHYSICIAN
REASON FOR ADMISSION	
INTERVENTIONS / TREATMENTS DURING STAY:	OUTCOME & DISCHARGE SUMMARY:
MEDICATIONS PRESCRIBED	
STORAGE LOCATION OF DISCHARGE SUMMARY	

ADMISSION DATE	DISCHARGE DATE
HOSPITAL	PHYSICIAN
REASON FOR ADMISSION	
INTERVENTIONS / TREATMENTS DURING STAY:	OUTCOME & DISCHARGE SUMMARY:
MEDICATIONS PRESCRIBED	
STORAGE LOCATION OF DISCHARGE SUMMARY	

ADMISSION DATE	DISCHARGE DATE
HOSPITAL	PHYSICIAN
REASON FOR ADMISSION	
INTERVENTIONS / TREATMENTS DURING STAY:	OUTCOME & DISCHARGE SUMMARY:
MEDICATIONS PRESCRIBED	
STORAGE LOCATION OF DISCHARGE SUMMARY	

TESTS & RESULTS

Organize labs, imaging, and test results for clear insights.

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IMAGING & DIAGNOSTIC LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

NAME	DOB

DATE	IMAGING TYPE	FACILITY	FINDINGS (SUMMARY)

NOTES

TEST & LAB RESULTS LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

NAME	DOB

DATE	TEST / LAB TYPE	RESULT/VALUE	REF. RANGE	FOLLOW-UP	FACILITY

NOTES

NOTES & MISC

Here keep notes and miscellaneous
information to categorize at a later time

MSU MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

NOTES

NOTES

NOTES

MEDICAL HISTORY

Your past health journey at a glance — history that shapes your care.

MSU MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

PERSONAL MEDICAL HISTORY

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

NAME	DATE OF BIRTH
INSURANCE COMPANY	
MEMBER ID	GROUP NO.
PRIMARY CARE PROVIDER	
ADDRESS	PHONE NO.

MEDICAL CONDITIONS

☐ ACID REFLUX	☐ ESOPHAGITIS, ULCERS	☐ LIVER DISEASE
☐ ALCOHOL ADDICTION	☐ FRACTURES	☐ LUNG DISEASE
☐ ALLERGY PROBLEMS	☐ GALLSTONES	☐ LUPUS
☐ ANEMIA	☐ GLAUCOMA	☐ MIGRAINES
☐ ANXIETY	☐ GOUT	☐ MRSA
☐ ARTERY / VEIN PROBLEMS	☐ HEADACHES	☐ OSTEOPOROSIS
☐ ARTHRITIS	☐ HEARING IMPAIRMENT	☐ SKIN INFECTIONS
☐ ASTHMA	☐ HEART ATTACK	☐ RECURRENT UTI
☐ AUTOIMMUNE DISEASE	☐ HEART DISEASE	☐ PTSD
☐ BIPOLAR DISORDER	☐ HEART VALVE PROBLEMS	☐ SEIZURES
☐ BLADDER IRRITABILITY	☐ HEPATITIS A	☐ STD'S
☐ BLEEDING PROBLEMS	☐ HEPATITIS B	☐ SLEEP APNEA
☐ BLOOD CLOTS	☐ HEPATITIS C	☐ STROKE
☐ CANCER (TYPE:)	☐ HERNIA	☐ TB (TUBERCULOSIS)
☐ CATARACTS	☐ HIGH BLOOD PRESSURE	☐ THYROID DISEASE
☐ COLITIS / CROHNS	☐ HIGH CHOLESTEROL	☐ VISION IMPAIRMENT
☐ CHRONIC PAIN	☐ HIV	☐
☐ DEPRESSION	☐ IRRITABLE BOWEL	☐
☐ DIABETES (TYPE 1 / TYPE 2)	☐ KIDNEY DISEASE	☐
☐ DRUG ADDICTION	☐ KIDNEY STONES	☐

OTHER INFORMATION

FAMILY MEDICAL HISTORY

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

MEDICAL CONDITION	RELATIVE	ONSET (AGE)	NOTES (LIFESTYLE, CAUSE OF DEATH)

ALLERGIES LIST

ALLERGEN	ONSET
TYPE | ◻ MEDICATION ◻ FOOD ◻ ENVIRONMENTAL ◻ OTHER:	
SEVERITY | ◻ MILD ◻ MODERATE ◻ SEVERE ◻ LIFE-THREATENING	
REACTION/SYMPTOMS	
PRESCRIBED RESPONSE (E.G., EPIPEN, ANTIHISTAMINE):	
NOTES	

ALLERGEN	ONSET
TYPE | ◻ MEDICATION ◻ FOOD ◻ ENVIRONMENTAL ◻ OTHER:	
SEVERITY | ◻ MILD ◻ MODERATE ◻ SEVERE ◻ LIFE-THREATENING	
REACTION/SYMPTOMS	
PRESCRIBED RESPONSE (E.G., EPIPEN, ANTIHISTAMINE):	
NOTES	

ALLERGEN	ONSET
TYPE | ◻ MEDICATION ◻ FOOD ◻ ENVIRONMENTAL ◻ OTHER:	
SEVERITY | ◻ MILD ◻ MODERATE ◻ SEVERE ◻ LIFE-THREATENING	
REACTION/SYMPTOMS	
PRESCRIBED RESPONSE (E.G., EPIPEN, ANTIHISTAMINE):	
NOTES	

ALLERGEN	ONSET
TYPE | ◻ MEDICATION ◻ FOOD ◻ ENVIRONMENTAL ◻ OTHER:	
SEVERITY | ◻ MILD ◻ MODERATE ◻ SEVERE ◻ LIFE-THREATENING	
REACTION/SYMPTOMS	
PRESCRIBED RESPONSE (E.G., EPIPEN, ANTIHISTAMINE):	
NOTES	

CHRONIC CONDITIONS LIST

CONDITION	DATE OF DIAGNOSIS
SYMPTOMS	
DOCTOR / SPECIALTY	

CONDITION	DATE OF DIAGNOSIS
SYMPTOMS	
DOCTOR / SPECIALTY	

CONDITION	DATE OF DIAGNOSIS
SYMPTOMS	
DOCTOR / SPECIALTY	

CONDITION	DATE OF DIAGNOSIS
SYMPTOMS	
DOCTOR / SPECIALTY	

VACCINATION RECORD

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

NAME	DOB

VACCINE NAME	LOT / BATCH #	DATE GIVEN	NEXT DUE DATE	NOTES

COMMON VACCINATIONS CHECKLIST

VACCINE	DATE(S)
☐ INFLUENZA (ANNUAL)	
☐ TETANUS/DIPHTHERIA/PERTUSSIS	
☐ MMR	
☐ VARICELLA (CHICKENPOX)	
☐ HEPATITIS	

VACCINE	DATE(S)
☐ PNEUMOCOCCAL	
☐ SHINGLES (ZOSTER)	
☐ MENINGOCOCCAL	
☐ COVID-19 (PRIMARY/BOOSTER)	
☐	

SURGICAL RECORDS

PROCEDURE		DATE
FACILITY	SURGEON	
REASON FOR PROCEDURE:	KEY FINDINGS / OUTCOME:	
COMPLICATIONS / NOTES:		
FOLLOW-UP INFO		
STORAGE LOCATION OF OPERATIVE REPORT		

PROCEDURE		DATE
FACILITY	SURGEON	
REASON FOR PROCEDURE:	KEY FINDINGS / OUTCOME:	
COMPLICATIONS / NOTES:		
FOLLOW-UP INFO		
STORAGE LOCATION OF OPERATIVE REPORT		

PROCEDURE		DATE
FACILITY	SURGEON	
REASON FOR PROCEDURE:	KEY FINDINGS / OUTCOME:	
COMPLICATIONS / NOTES:		
FOLLOW-UP INFO		
STORAGE LOCATION OF OPERATIVE REPORT		

HEALTH TRACKING & SCHEDULE

Monitor your daily health, symptoms, and routines.

MSU Myositis Support & Understanding

EMPOWERING THE MYOSITIS COMMUNITY

WEEKLY HEALTH SCHEDULE

Myositis Support & Understanding
EMPOWERING THE MYOSITIS COMMUNITY

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

TIME	MON	TUE	WED	THU	FRI	SAT	SUN

VITAL SIGNS TRACKER

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

DATE	TIME	BP	HR	RR	O_2	TEMP	NOTES

BLOOD PRESSURE LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

DATE	TIME	SYSTOLIC	DIASTOLIC	PULSE	NOTES

BLOOD PRESSURE TRACKER

Myositis Support & Understanding
EMPOWERING THE MYOSITIS COMMUNITY

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

DAY	TIME	SYS / DIA	PULSE	MEDS	NOTES

BLOOD SUGAR LOG

Myositis Support & Understanding
Empowering the Myositis Community

DATE	MEAL	BEFORE	AFTER	NOTES
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			
	BREAKFAST			
	LUNCH			
	DINNER			
	BEDTIME			

TIME OF DAY	USUAL GOAL	MY GOAL
Upon waking up (fasting level)	70--99 mg/dL	________ mg/dL
Before meals	70--130 mg/dL	________ mg/dL
Bedtime	100--150 mg/dL	________ mg/dL

TIME OF DAY	USUAL GOAL	MY GOAL
1 to 2 hrs after the start of meal	<140 mg/dL	__________ mg/dl
Difference before and after meals	< 40--50mg/dL	________ mg/dL

BLOOD SUGAR TRACKER

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

Myositis Support & Understanding
EMPOWERING THE MYOSITIS COMMUNITY

DAY	< BREAKFAST >		< LUNCH >		< DINNER >		BEDTIME	NOTES

DAILY FOOD & BLOOD SUGAR LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

	BEFORE:	AFTER:	INSULIN:	CAL	PROT	FAT	CARB	SUGAR
BREAKFAST								
	TIME:		TOTAL					
LUNCH	BEFORE:	AFTER:	INSULIN:	CAL	PROT	FAT	CARB	SUGAR
	TIME:		TOTAL					
DINNER	BEFORE:	AFTER:	INSULIN:	CAL	PROT	FAT	CARB	SUGAR
	TIME:		TOTAL					
SNACK	BEFORE:	AFTER:	INSULIN:	CAL	PROT	FAT	CARB	SUGAR
	TIME:		TOTAL					

WATER INTAKE	FLUIDS TOTAL: ML / OZ.
NOTES	

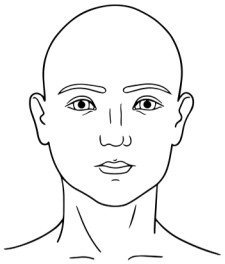
DAILY PAIN TRACKER

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

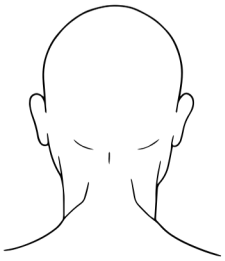
DATE	M	T	W	T	F	S	S

LOCATION OF PAIN (MARK THE AREA OF PAIN OR DISCOMFORT)

FACE

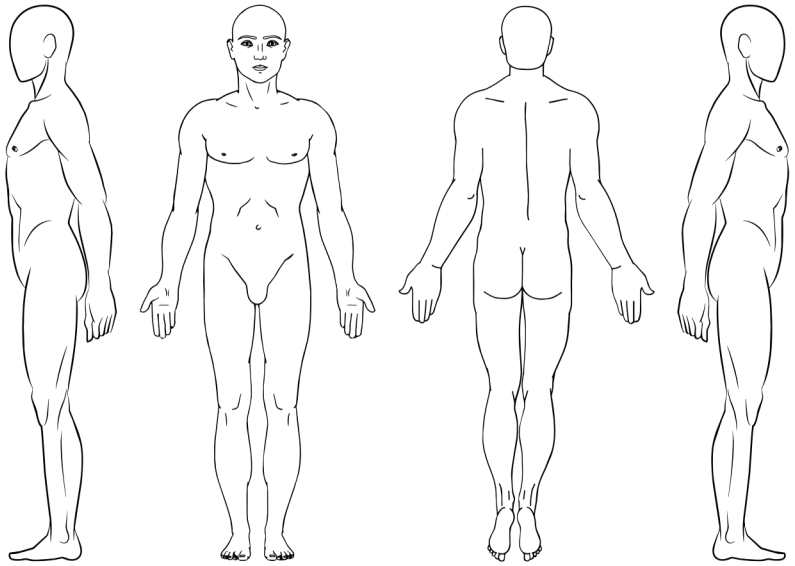


HEAD FRONT



HEAD BACK

BODY



LEFT SIDE FRONT BACK RIGHT SIDE

PAIN LEVEL (AREA)

	DURATION	DETAILS	SYMPTOMS	TRIGGERS	BETTER WITH
HEAD FRONT					
HEAD BACK					
LEFT SIDE					
FRONT					
BACK					
RIGHT SIDE					

MEDICATIONS	DOSE	TIME

ENERGY LEVEL		FATIGUE LEVEL		SLEEP QUALITY	
Extreme	☐	Extreme	☐	Excellent	☐
High	☐	High	☐	Good	☐
Medium	☐	Medium	☐	Average	☐
Low	☐	Low	☐	Fair	☐
Very Low	☐	Very Low	☐	Poor	☐

MONTHLY PAIN TRACKER

JAN FEB MAR APR MAY JUN
JUL AUG SEP OCT NOV DEC

CHRONIC BODY PAIN

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
MODERATE																															
MILD																															
NONE																															
NOTES																															

TYPE: ______

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
MODERATE																															
MILD																															
NONE																															
NOTES																															

TYPE: ______

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
MODERATE																															
MILD																															
NONE																															
NOTES																															

TYPE: ______

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
MODERATE																															
MILD																															
NONE																															
NOTES																															

TYPE: ______

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
MODERATE																															
MILD																															
NONE																															
NOTES																															

Myositis Support & Understanding
EMPOWERING THE MYOSITIS COMMUNITY

DAILY SYMPTOMS TRACKER

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

DATE	M	T	W	T	F	S	S

TIME	SYMPTOMS	POSSIBLE TRIGGER	DURATION	SEVERITY
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5

TRIGGERS: ☐ ENVIRONMENT ☐ WEATHER ☐ ACTIVITY ☐ FOOD ☐ _____ ☐ _____

FOODS I ATE TODAY	TIME

ACTIVITIES I DID TODAY	TIME

MEDICATIONS I TOOK:

- 💊
- 💊
- 💊

MOOD

WATER INTAKE

STRESS LEVEL 1 2 3 4 5 6 7 8 9 10

HRS OF SLEEP 1 2 3 4 5 6 7 8 9 10

NOTES

SYMPTOMS TRACKER

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

MORNING SYMPTOM	TRIGGER	DURATION	M	T	W	T	F	S	S

AFTERNOON SYMPTOM	TRIGGER	DURATION	M	T	W	T	F	S	S

EVENING SYMPTOM	TRIGGER	DURATION	M	T	W	T	F	S	S

MOST FREQUENT SYMPTOM	FREQUENCY: DAYS
NOTES	

MONTHLY SYMPTOMS TRACKER

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SYMPTOMS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

PAIN LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
SIGNIFICANT																															
MODERATE																															
MILD																															
NO PAIN																															

FATIGUE LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE																															
SIGNIFICANT																															
MODERATE																															
MILD																															
NO FATIGUE																															

APPETITE LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VERY HUNGRY																															
A LITTLE HUNGRY																															
NEUTRAL																															
ONLY SNACKS																															
NO APPETITE																															

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

SLEEP TRACKER

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

DATE	TOTAL HOURS OF SLEEP (DURATION)													BEDTIME	NOTES
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					
	1	2	3	4	5	6	7	8	9	10					

WHAT HELPED ME SLEEP BETTER?

MY SLEEP GOAL THIS MONTH:

MOOD TRACKER

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

	J	F	M	A	M	J	J	A	S	O	N	D
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
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27												
28												
29												
30												
31												

KEYS | MOODS

NOTES

MENTAL HEALTH LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

FEELINGS / MOODS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

NOTES

TREATMENT & PROCEDURES

Plan and record treatments, surgeries, and hospital visits.

MSU Myositis Support & Understanding

EMPOWERING THE MYOSITIS COMMUNITY

TREATMENT PLANNER

DOCTOR

SPECIALTY | DATE OF DIAGNOSIS

CONDITION / DIAGNOSIS

MEDICAL TEAM

NAME	SPECIALTY	PHONE	FAX

TREATMENT PLAN OVERVIEW

GOALS OF TREATMENT

TYPE ☐ MEDICATION ☐ THERAPY ☐ LIFESTYLE CHANGE ☐ SURGERY ☐ OTHER:

START DATE | REVIEW DATE

TREATMENT OPTIONS	PROS	CONS

MEDICATIONS	DOSAGE

	UPCOMING APPOINTMENTS	DATE
☐		
☐		
☐		
☐		
☐		

PROGRESS & NOTES

-
-
-

SURGERY PLANNER

NAME	
PROCEDURE	DATE OF PROCEDURE
SURGEON	PHONE NO.

PRE-SURGERY CHECKLIST

CONSULTATION & CLEARANCE

☐ Primary physician clearance	
☐	
☐	
☐	
☐	

TESTS & DIAGNOSTICS

☐ Blood work	
☐	
☐	
☐	
☐	

PRE-OP INSTRUCTIONS

☐ Fasting instructions	
☐	
☐	
☐	
☐	

MEDICATION MANAGEMENT

☐	
☐	
☐	
☐	
☐	

FINANCIAL & INSURANCE

☐	
☐	
☐	
☐	
☐	

☐	
☐	
☐	
☐	
☐	

QUESTIONS FOR THE SURGEON

-
-
-

HOSPITAL VISITS LOG

MYOSITIS SUPPORT & UNDERSTANDING
EMPOWERING THE MYOSITIS COMMUNITY

DATE	TIME	REASON	SPECIALIST / LOCATION	FOLLOW-UP

HOSPITAL VISIT

Myositis Support & Understanding
Empowering the Myositis Community

DATE & TIME	LOCATION
DOCTOR	CONTACT

REASON FOR VISIT:	TESTS ORDERED / PROCEDURES:
DIAGNOSIS:	PRESCRIPTIONS:
NOTES:	FOLLOW-UP:

DATE & TIME	LOCATION
DOCTOR	CONTACT

REASON FOR VISIT:	TESTS ORDERED / PROCEDURES:
DIAGNOSIS:	PRESCRIPTIONS:
NOTES:	FOLLOW-UP:

DATE & TIME	LOCATION
DOCTOR	CONTACT

REASON FOR VISIT:	TESTS ORDERED / PROCEDURES:
DIAGNOSIS:	PRESCRIPTIONS:
NOTES:	FOLLOW-UP:

INSURANCE & DOCUMENTATION

Keep financial and insurance details organized for peace of mind.

MSU Myositis Support & Understanding
EMPOWERING THE MYOSITIS COMMUNITY

HEALTH INSURANCE

PRIMARY INSURANCE

LOCATION OF DOCUMENTS _____

POLICYHOLDER NAME	
INSURANCE COMPANY	
POLICY NAME/TYPE	POLICY NO.
TYPE OF PLAN (CHECK ONE): ☐ HMO ☐ EPO ☐ PPO ☐ POS ☐ HDHP ☐ OTHER:	
START DATE	RENEWAL DATE
DEPENDENT(S) COVERED	
CLAIM ADDRESS	
WEBSITE	PHONE NO.
USERNAME	PASSWORD
HEALTH COVERAGE & BENEFITS	
CO-PAY & DEDUCTIBLES	
AGENT NAME	
EMAIL	PHONE NO.

SECONDARY INSURANCE

POLICYHOLDER NAME	
INSURANCE COMPANY	
POLICY NAME/TYPE	POLICY NO.
TYPE OF PLAN (CHECK ONE): ☐ HMO ☐ EPO ☐ PPO ☐ POS ☐ HDHP ☐ OTHER:	
START DATE	RENEWAL DATE
DEPENDENT(S) COVERED	
CLAIM ADDRESS	
WEBSITE	PHONE NO.
USERNAME	PASSWORD
HEALTH COVERAGE & BENEFITS	

LIVING WILL	YES	NO	**DNR**	YES	NO
CONTACT/LOCATION			CONTACT/LOCATION		
CONTACT PHONE NO.			CONTACT PHONE NO.		

DISABILITY INSURANCE

POLICYHOLDER NAME	
POLICY TYPE	POLICY NO.
WAITING PERIOD (DAYS)	BENEFIT DURATION (MONTHS/YEARS)
COVERAGE AMOUNT (MONTHLY BENEFIT)	
INSURANCE COMPANY	
WEBSITE	PHONE NO.
USERNAME	PASSWORD
AGENT NAME	
EMAIL	PHONE NO.
EMPLOYER HR NAME (IF GROUP POLICY)	
LOCATION OF ORIGINAL POLICY DOCUMENT:	

PREMIUMS & PAYMENTS

PREMIUM AMOUNT	GRACE PERIOD (DAYS)
LAST PAYMENT DATE	NEXT PAYMENT DUE
PAYMENT FREQUENCY ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☐ ANNUAL ☐ SINGLE PREMIUM	
PAYMENT METHOD ☐ CHECK ☐ DIRECT DEBIT ☐ CREDIT CARD ☐ OTHER:	

POLICY COVERAGE DETAILS

COVERAGE START DATE	COVERAGE END DATE
EMPLOYER-SPONSORED? ☐ YES ☐ NO	PERCENTAGE OF INCOME REPLACED %
OFFSETS / REDUCTIONS (E.G., SOCIAL SECURITY, WORKERS COMP):	
RIDERS (COST OF LIVING, PARTIAL DISABILITY, WAIVER OF PREMIUM, ETC.):	

OTHER INFO