



FOUNDATION FOR
SARCOIDOSIS RESEARCH

My Sarcoidosis Health Plan Toolkit

FSR is proud to have partnered with the Susan Pearlstine Sarcoidosis Center of Excellence at the Medical University of South Carolina in order to provide a tool they developed to help patients manage their sarcoidosis care and improve their communication with their clinicians.

Use and print this toolkit to keep track of:

Care team
Healthcare goals
Appointments
Symptoms
Medications
Notes & more

www.stopsarcoidosis.org

The toolkit is available for download with no form required.
Clinicians must obtain permission from FSR to use and distribute the toolkit to their patients.

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For inquiries on the full patient & family resource guide developed by the Susan Pearlstine Sarcoidosis Center of Excellence at the
Medical University of South Carolina, please email ziic@musc.edu.

MY SARCOIDOSIS HEALTH PLAN



During your Sarcoidosis journey, you may receive a large amount of information that can quickly become difficult to manage. The “My Sarcoidosis Health Plan” is a toolkit created by the Susan Pearlstine Sarcoidosis Center of Excellence at the Medical University of South Carolina. This toolkit was designed to help Sarcoidosis patients to keep track of their care team, healthcare goals, appointments, symptoms and medications.

Managing My Sarcoidosis Care

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MY SARCOIDOSIS CARE PLAN

As of __ / __ / __ (Date)

MY HEALTH INFORMATION	
Name:	Date of Birth:
Primary Care Physician:	Primary Care Physician Phone:
Emergency Contact:	Emergency Contact Phone:
Medical Conditions:	
Medication Allergies:	Other Allergies:

MY ORGAN INVOLVEMENT			
Organ Involvement	Date of Diagnosis	Managing Specialty	Managing Provider
Cardiac Sarcoid/Heart	April 15, 2010	Cardiology	Dr. Houston

MY SARCOIDOSIS HEALTH GOALS		
Goal	Action	Date Achieved

MY APPOINTMENT SCHEDULE



Date

Time

Location

Doctor

Date

Time

Location

Doctor

Date

Time

Location

Doctor

Date

Time

Location

Doctor

Date

Time

Location

Doctor

MY SARCOIDOSIS SYMPTOM TRACKER CHART



SARCOIDOSIS SYMPTOM TRACKER													
Date	Coughing	Wheezing	Shortness of breath	Fatigue	Chest Pain	Swelling	Discolored Skin	Headache	Change in Vision	Unexpected Weight Loss/Gain	Numbness / Weakness	Other	Notes

MY SARCOIDOSIS MEDICATIONS



MY SARCOIDOSIS MEDICATIONS					
Medication Name	Dose: How much?/How often?	Prescribed by	Start Date	End Date	Additional Information

MEDICATION TRACKER		
Date	Time	Taken ✓

MEDICATION TRACKER		
Date	Time	Taken ✓

[illegible]

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