



Personal Health Record

Remember to take this record
with you to
all your doctor visits.



To better manage my health and medications, I will...

Take this Personal Health Record with me wherever I go, including ALL doctor visits and future hospitalizations.

- Call my doctor if I have questions about my medications or if I want to change how I take my medications.
- Tell my doctors about ALL medications I am taking, including over-the-counter drugs, vitamins, and herbal formulas.
- Update my Medication Record with any changes to my medications.
- Know why I am taking each of my medications.
- Know how much, when, and for how long I am to take each medication.
- Know possible medication side effects to watch out for and what to do if I notice any.



The personal health record of:

Personal Information: _____

Address: _____

Home phone #: _____

Alternate phone #: _____

Birth date: _____

Hospital ID#: _____

PCP name: _____

Advance Directives?: _____

Hospitalization Information:

Admitted: __/__/__

Discharged: __/__/__

Reason for Hospitalization: _____

Caregiver Information:

Name: _____

Home Phone #: _____

Alternate Phone #: _____

Relation to Patient: _____

Personal Goal: _____



Medical History:

- Arthritis
- Abnormal Heart Rhythm
- Cancer type: _____
- Diabetes type: _____
- Hardening of the Arteries
- Heart Disease
- Heart Failure
- High Blood Pressure
- Hip Fracture
- Lung Disease
- Medical/Surgical Back conditions
- Pneumonia
- Stroke

Other Diagnoses: _____

Notes for My Primary Care Physician: _____



Notes: _____

My Appointment Dates:

Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____
Date: _____	Provider: _____



Intervention Activities Checklist

Before I leave the care facility, the following tasks should be completed:

- I have been involved in decisions about my care and understand what I will need to do after my appointment.
- I have the name and phone number of a person I should contact if I have questions about my care.
- If needed, I have scheduled a follow-up appointment with my doctor, and I have transportation to this appointment.
- I understand what my medications are, how to obtain them, and how to take them.



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- I understand the potential side effects of my medications and whom I should call if I experience them.

 - I understand what symptoms I need to watch out for and whom to call should I notice them.

 - I understand how to keep my health problems from becoming worse.

 - My doctor or nurse has answered my most important questions prior to leaving the facility.



Medication Record:

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Allergies: _____



Medication Record:

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Medication Name _____

Dose _____

Reason _____

New _____

Allergies: _____



Notes: _____



Call _____

at () _____ - _____

with questions or concerns
if you have difficulty contacting your
physician or other providers, including
specialists or your home care nurse.