

Your Personal Health Record

*Remember to take this
record with you to all of your
medical appointments and
hospitalizations*



The Personal Health Record of:

_____ DOB: __/__/__

Personal Information

Address: _____

Home Phone: _____

Alternate Phone: _____

Caregiver Information

Name: _____

Home Phone: _____

Alternate Phone: _____

Relationship: _____

Health Care Providers

Physician: _____ Ph: _____

Specialist: _____ Ph: _____

Specialist: _____ Ph: _____

Home Care Provider(s)

ALWAYS take insurance cards with you!

Advance Directives

Advance Directives? Yes No

Do Not Resuscitate Comfort Care

Health Care Proxy

Name of Proxy: _____

Medical History

- Arthritis
- Abnormal Heart Rhythm
- Cancer
- Diabetes
- Hardening of the Arteries
- Heart Disease
- Heart Failure
- High Blood Pressure
- Hip Fracture/Replacement
- Lung Disease
- Medical/Surgical Back Conditions
- Pacemaker Serial # _____
- Pneumonia
- Stroke

Other Diagnoses: _____

**To better manage my health and medications,
I will:**

- Take this Personal Health Record with me to ALL doctor visits and future hospitalizations and in the event of evacuation.
- 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.

Recent Test Results

Date	Wt	BP	HR	BS	Lab Result

Wt = Weight BP = Blood Pressure HR = Heart Rate BS = Blood Sugar

Hospital/Facility Discharge Checklist

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

- I have been involved in decisions about what will take place after I leave the facility.
- I understand where I am going after I leave this facility and what will happen to me once I arrive.
 - Discharge to other facility
 - Discharge to a home health agency
 - Discharge home to care of self/family
- I have the name and phone number of a person I should contact if a problem arises during my transfer.
- I understand what my medications are, how to obtain them, and how to take them.
- 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.
- My family or someone close to me knows that I am coming home and what I will need once I leave the facility.
- If I am going directly home, I have scheduled a follow-up appointment with my doctor, and I have transportation to this appointment.