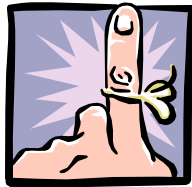


Personal Health Record

If you have questions or concerns,
Contact (_____)
at (____) ____ - ____



REMEMBER
to take this Record with you
to all your doctor visits

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:

Medical History

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

Other Diagnoses:

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

- Take this Personal Health Record, with me to 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.

Medication Record

Name	Dose	Reason	New?
Azmacort MDI	4 puffs 2 times a day	Emphysema	<input type="checkbox"/>
Oxygen	2 liters per minute	Emphysema	<input type="checkbox"/>
Triam/HCTZ	75/50-take ¹ / ₂ pill once per day	Leg swelling	X
Warfarin	5.0 mg once per day	Blood thinner	<input type="checkbox"/>
Atenolol	.25 mg once per day	Blood pressure	<input type="checkbox"/>
Atorvastatin	10 mg at bedtime	Cholesterol	<input type="checkbox"/>
Multi-vitamin	once per day		<input type="checkbox"/>

Allergies: Penicillin → Rash

Notes for My Primary Care Physician:

1. Do I need take the Triam/HCTZ even when I do not have swelling?
2. How long will I receive home health care?
3. When is my next blood draw to check the Warfarin?

Medication Record

Name

Dose

Reason

New?

Allergies:

Notes for My Primary Care Physician:

Intervention Activities 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.
- I have the name and phone number of a person I should contact if a problem arise 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.