

# Personal Health Record



If you have questions or concerns, contact

1) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of Primary Care Physician Phone Number

I am receiving home care services from

1) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of Home Health Agency 24-hour/7-day Phone Number

Other community services I am receiving

2) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of Service Phone Number

3) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of Service Phone Number

**REMEMBER to take this Personal Health Record  
with you to all your hospital and doctor visits.**

# THIS IS THE PERSONAL HEALTH RECORD OF

Name \_\_\_\_\_

## PERSONAL INFORMATION

Address \_\_\_\_\_

\_\_\_\_\_

(      )      –      \_\_\_\_\_      (      )      –      \_\_\_\_\_  
Home Phone Number      Alternate Phone Number

Birth Date \_\_\_\_\_

\_\_\_\_\_      (      )      –      \_\_\_\_\_  
Primary Care Physician's Name      Phone Number

### Other Specialty Physicians

\_\_\_\_\_      (      )      –      \_\_\_\_\_  
Physician's Name      Phone Number

\_\_\_\_\_      (      )      –      \_\_\_\_\_  
Physician's Name      Phone Number

Advance Directive(s)     Living Will     Health Care Proxy

\_\_\_\_\_      (      )      –      \_\_\_\_\_  
Name of Health Care Proxy      Phone Number

Other \_\_\_\_\_  
Please Specify

# CAREGIVER INFORMATION

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Caregiver's Name

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Relation to Patient

(      )      –      (      )      –

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Caregiver's Home Phone Number      Caregiver's Alternate Phone Number

# HOSPITALIZATION INFORMATION

1) Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_      Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

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2) Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_      Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

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3) Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_      Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

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4) Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_      Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

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# MEDICAL HISTORY

- Arthritis
- Abnormal heart
- Cancer
- Diabetes
- Hardening of the arteries
- Heart disease
- Heart failure
- High blood pressure
- Hip fracture
- Lung disease
- Surgery (Fill in type of surgery and dates on page 5.)
- Pneumonia
- Stroke

Other Diagnoses \_\_\_\_\_

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Surgeries/Dates \_\_\_\_\_

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# 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 of the medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.
- Update the Medication Record section in this Personal Health Record with ANY changes to my medications.
- Ask questions, so I will know why I am taking each of my medications.
- Ask questions, so I will know how much, when and for how long I am to take each of my medications.
- Ask about possible medication side-effects to watch out for and what to do if I notice any.

**NOTES** for my primary care physician \_\_\_\_\_

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