Personal
health record

WELCOA
your premier resource for worksite wellness

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Your Personal Health Record

You may have health information in lots of places—at home, or in doctor or hospital records. Personal health records (PHRs) are confidential, easy-to-use tools that can help you manage your health information. PHRs may be an easier way for you to keep all your health information—like doctor or hospital visits, allergies, shots, or a list of your medicines—in one place.

Having a PHR can help you provide more complete information to your health care providers or family members. With all of your health information in one place, you may be able to avoid unnecessary procedures or tests. You may also be able to provide critical information about your health in a medical emergency.

> "A personal health record may help you save time and money, and improve the quality of care you get."

You can add personal information such as:

- ▶ Allergies to food
- ▶ Health conditions
- ▶ Over-the-counter or herbal medications you're taking
- ▶ A list of your doctors and other health care providers
- ▶ Emergency contacts

In addition to keeping information in one place, PHRs make it easier for you to do the following:

- ▶ Order prescription refills
- ▶ Schedule appointments
- ▶ Record helpful information about things that matter to you, like diabetes or high blood pressure

There are many types of PHRs, including electronic versions supplied or sold through a provider. With an electronic PHR, you may be able to get to your information anywhere and anytime you have access to the Internet. Some PHRs simply provide a way for you to enter your own information. Other PHRs provide more services, such as making it possible for your pharmacy or doctor's office to add information electronically. Some PHR providers may charge a fee for their services. Talk to your doctor, other health care provider, or someone from your health plan to learn more about the PHR options available to you.

Source: Agency for Healthcare Research Quality, www.ahrq.gov; and U.S. Department of Health and Human Services, www.cms.gov

Your Contact Information

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

DATE OF BIRTH

☐ LIVING WILL   ☐ ORGAN DONOR

Primary Care Physician

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

EMAIL

Primary Emergency Contact

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

PHONE

EMAIL

Secondary Emergency Contact

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

PHONE

EMAIL

Primary Insurance Company

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

POLICY NUMBER

SUBSCRIBER NUMBER

Secondary Insurance Company

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

POLICY NUMBER

SUBSCRIBER NUMBER

Advocate/Health Care Proxy

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

PHONE

RELATIONSHIP

Medications

1

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

2

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

3

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

4

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

5

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

6

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

7

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

8

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

9

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

10

PRESCRIPTION NAME | DOSE | TIMES PER DAY | BEGIN | END

REASON

Allergies

ALLERGEN | REACTION

ALLERGEN | REACTION

ALLERGEN | REACTION

ALLERGEN | REACTION

ALLERGEN | REACTION

Family Medical History (parents, grandparents, siblings, children)

NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION
NAME	RELATIONSHIP	CONDITION

Emergency Numbers

RESCUE	POISON CONTROL
FIRE	OTHER
POLICE	OTHER

Primary Care Physician

HEALTH CARE PROVIDER/FACILITY	PHONE
ADDRESS	FAX
CITY/STATE/ZIP	EMAIL

HEALTH CARE PROVIDER/FACILITY	PHONE
ADDRESS	FAX
CITY/STATE/ZIP	EMAIL

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CITY/STATE/ZIP	EMAIL

HEALTH CARE PROVIDER/FACILITY	PHONE
ADDRESS	FAX
CITY/STATE/ZIP	EMAIL

Primary Care Physician (continued)

HEALTH CARE PROVIDER/FACILITY	PHONE
ADDRESS	FAX
CITY/STATE/ZIP	EMAIL

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Important Health Care Events—symptoms, diagnoses, surgeries, treatments, etc.

DATE (MM/DD/YYYY)   DESCRIPTION

Important Health Care Events—symptoms, diagnoses, surgeries, treatments, etc. (continued)

DATE (MM/DD/YYYY)   DESCRIPTION

Vital Statistics History

DATE	HEIGHT/WEIGHT	BLOOD PRESSURE	LDL/HDL	TRIGLYCERIDES

GLUCOSE	PSA (Male)	PAP (Female)	MAMMOGRAM (Female)	OTHER