



Personal Health Record of:

Test Account
123 test avenue
Columbbia, SC 29201

DOB: 1935-07-11
Home Phone: (555) 555-5555

Emergency Contact

Jane Doe (Sister)

Phone: (555) 555-5555
Alt: (555) 555-5555

Allergies: None

Current Diagnosis: none

Health and Long Term Care Providers

Name

Phone

Andrew (Home Care Consultant)

Dr. Jones (primary MD)

(555) 555-5555

CVS (pharmacy)

(555) 555-5555

_____ (specialist)

_____ (homecare agency)

_____ (hospital of choice)

_____ (coummunity services)



Advance Directives for Healthcare?

No

Medical History

none

Immunizations

Annual Flu Vaccine	Date: ____/____/____
Pneumonia Vaccine	Date: ____/____/____

Previous Hospitalizations

<i>Date</i>	<i>Reason</i>

My Medications List

<i>Name</i>	<i>Dose</i>	<i>Instructions</i>	<i>Reason</i>	<i>Pharmacy</i>
Vitamin	1 pill	taken in the morning	no particular reason	CVS



Vital Signs Log

[illegible]



Blood Sugar Log

[illegible]



Caring More to Keep You Home

Communication Sheet

<i>Date</i>	<i>Time</i>	<i>Person Writing Message</i>	<i>Message</i>
Example: 11/12/12	9:00 AM	Jane Doe, HCS	Mr. Jones has a doctor's appointment 12/05/12

Doctor Appointments

<i>Date</i>	<i>Doctor</i>	<i>Reason</i>

Every time you talk with your doctor, use the Ask Me 3 questions to better understand your health.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

*****Remember to call your Home Care Consultant*****

Hospitalization Information

<i>Date</i>	<i>Hospital</i>	<i>Were you admitted?</i> <i>(circle one)</i>	<i>Reason</i>
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

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Notes