



Personal Health Record for:

Name

Date of Birth

REMEMBER to take this record
with you to all doctor visits,
emergency room visits and/or
hospital visits

Provided by Bridging Care Across the Inland Northwest
For additional copies or information call (509) 458-2509

My Contact Information

Address

City, State, Zip

Home Phone

Mobile/Work

Primary Caregiver (paid or unpaid)

Name

Relationship

Phone

How they help

Emergency Contact

Name

Relationship

Home Phone

Mobile / Work

Notes

This tool is based on Dr. Eric Coleman's UCHSC, HCPR personal health record that was funded from the John A. Hartford Foundation and the Robert Wood Johnson Foundation.

Recent Hospital & ER visits

Date _____ Hospital _____

Reason _____

Date _____ Hospital _____

Reason _____

Date _____ Hospital _____

Reason _____

Date _____ Hospital _____

Reason _____

Date _____ Hospital _____

Reason _____

My Provider Information

Primary Care Doctor _____

Phone _____

Other Provider _____

Phone _____

Other Provider _____

Phone _____

Pharmacy _____

Home Care Agency _____

Advance Directive/Living Will

Yes No

Where located? _____

Durable Power of Attorney

Name _____

Relationship _____

Home Phone _____

Mobile / Work _____

Red Flags

What I need to do

My Personal Goals

My Immunizations

Date

Flu shot (every year)	_____
Flu shot (every year)	_____
Flu shot (every year)	_____
Pneumonia	_____
Tetanus	_____
Shingles	_____

My Medical Conditions

- Lung Disease
 - Bleeding Disorder
 - High Blood Pressure
 - High Cholesterol
 - Diabetes
 - Heart Failure
 - Heart Attack
 - Pneumonia
 - Stroke
 - Pacemaker/ICD
 - Cancer
 - Seizures
 - Dementia
 - Mental Health
 - Other
- _____
- _____
- _____

My Allergies (Medications, Food, Environmental, etc.)

Allergy

Symptoms of Reaction

Medication Record

My Medications & Supplements

Name	Dose	How often	Reason	Who gave this to you

My Medications & Supplements

Name	Dose	How often	Reason	Who gave this to you

My Medications & Supplements

Name	Dose	How often	Reason	Who gave this to you