How to use your *Personal* Health Record
before, during & after your next medical appointment.

☐ **On page 2,** write down other health care providers you have visited. Write down their names, addresses, phone numbers, and the reasons you visited them.

☐ **On pages 5 &6,** write down your medicines. Include prescriptions, over-the-counter, natural & herbal medicines and vitamins.

☐ **On page 9**, write down any instructions that are not given to you in writing. Fold written instructions and add them to your *Personal* Health Record.

☐ **On page 10,** write down your health questions. Ask a friend or relative for help if you need it. Put the most important questions at the top of the list.

☐ Take your insurance card or other insurance information with you to your appointment.

☐ If you wish, ask a family member or trusted friend to go to your appointment with you.

REMEMBER to take your *Personal* Health Record with you to all your health care visits.

Photocopy extra pages, when pages are full.

Last updated August 2011

My Personal Health Record

Prepared by Oregon's

Lane County **Transitional Care Collaborative**

PERSONAL INFORMATION

Birth Date:

Address:

Home Phone #:

Alternate Phone #:

Email:

Advance Directive: Yes ☐ No ☐

Where Located:

HEALTHCARE REPRESENTATIVE

Name:

Relationship:

Home Phone #:

Alternate Phone #:

E-mail:

QUESTIONS AND CONCERNS
For My Health Care Provider

NEXT STEPS
What I Need to Know
Before leaving the office or a healthcare facility

Date:

What I Need to Know:

PROVIDER INFORMATION

Primary Care Provider:

Phone #:

Other Providers: (Dentist, Chiropractor, etc.)

Specialists:

Case Managers:

PERSONAL GOALS

Goal 1:

Goal 2:

Goal 3:

Smoking:

Exercise:

Weight:

WHAT OTHERS NEED TO KNOW

About Me and My Health Conditions:

Recent Hospitalization(s):

Reason:

Spiritual beliefs that are important to me:

TO BETTER MANAGE MY HEALTH I WILL:

✓ Update My Medication Record with any changes to my medications.

✓ Call my healthcare provider if I have questions about my medications or if I want to change how I take my medications.

✓ Tell my healthcare provider about ALL medications I am taking, including over-the-counter drugs, vitamins and herbal supplements.

✓ Take my inhalers (how):

✓ Call my healthcare provider when I experience these symptoms:

MY MEDICATION RECORD

My Allergies Are:

My Pharmacy Is:

PRESCRIPTIONS & OVER-THE-COUNTER

MEDICATIONS I'M TAKING

(*Include dietary supplements and vitamins*)

Start	Name	Dose

Tip: If you receive a written medication list from your provider, fold and put it here.
Tip: Include anything you are taking that you would want to take on a trip.

When	Reason	Stop