

# **Personal Health Record**



**John Smith** 

GE

Welcome to the electronic age of managing all pertinent personal and family health information. Print this report and share it with those you matter to you- your doctor, your family, your friends or your hospital. Save yourself the hassle of completing health information at each doctor's office/hospital.

We strongly recommend you to carry this with you while traveling to aid you and those providing medical attention to you, in case of any unforeseen medical emergency.

#### What are the Benefits of a PHR?

Besides many others, here are some advantages of completing, storing, updating and sharing your health information:

#### To You:

- It will reduce or eliminate duplicate tests to ensure a faster and safer diagnosis as well as treatment plan in the event of an emergency.
- This will save you from spending extra money on redundant tests as well as your precious time.
- You can track your immunizations, medications, prescriptions, allergies, etc. without your doctor's help.
- Your medical provider will be abreast of all past surgeries (and associated complications, if any), procedures, tests and diagnosis.
- Reduce limitations of telephone and face-to-face communication challenges by transmitting this data electronically to your doctor to provide a comprehensive and updated report of your health.

#### To Your Doctor/Primary care Physician:

- It will provide rapid access to clinically relevant data.
- It will save him/her the hassle to collect and coordinate data from numerous external sources such as pathological labs and other specialist consultations. This date is usually not available during an unplanned visit to the doctor, thus forcing him/her to spend more time and energy to obtain the necessary information to provide the optimum care.
- In countries like India, this is a vital piece of information, as centralization of health information is rare and in primitive developmental stages.



#### Identification

Name: John Smith 28 Hills Drive Address:

City: Belle Mead Birthmark: None State: NJ Blood Type: A+

Country: USA Date Of Birth: 04-03-1970 Home Phone: Gender: 0 Male

Work Phone: 7325797777 Organ Donor: Yes Weight: 174 lb

Mobile:

Email: Smith.John@ge.com Height: 5 Feet 8 Inches

Hair Color: Eye Color: Black Black



### **Emergency Contacts**

Name: Marianne Relation: Spouse

Address: 28 Hills Drive

Home phone: 7325797766

Work Phone: 6097360011 Mobile No: 9085410477

Email: mariannes@gmail.com

Name: Relation: Wife Mary Smith

28 Hills Drive Address: Belle Mead, NJ

Home phone: 9088766665

Work Phone: Mobile No:

Email: mary.smith@gmail.com



## **Physician Information**

Speciality: Name: Dr. Alan Green Dentist

9085410766 Mobile: Phone:

Email:

Name: Speciality: Dr Weingarten GΡ

Mobile: Phone: 7328876655

Email:



#### **Dental Health and Dentist Information**

Phone: 2147483647 Name: **Hughes Smith** Mobile: 2147483647 Email: hs@hsds.com Visited Date: 01-10-2008 Treatment: Root Canal

Existing Diseases: Gingivitis, Plaque, Root canal



#### Insurance Provider

Company Name: New York Life

Phone No: 2123456767 Email: supriya.bakshi@newyorklife.com

Address:

Website:

New York

Member Id: 213335576

Company Name: BCBS Address: South Brunswick, NJ Phone No: 7325798877 Email: rakesh@bcbs.com

Member Id: 232466655 Website: www.bcbs.com



## Medical Health History

Diseases: Arthritis, High Cholesterol, High Blood Pressure

Other Disease: Shortness of Breath



#### Infectious Diseases

Disease Name: Measles Age: 14

Date: 03-11-2009

Remarks:

Disease Name: Chicken Pox Age: 7

17-10-1979

Date:

Remarks:

Other Disease: H1N1 Age: 40

Date: 16-09-2009 Remarks: Tough luck



## Allergies/Sensitivities

Allergy Type: Food allergy

Reaction:

Allergy Type: Eye allergies (conjunctivitis)

Reaction: Existing
Other Allergy: Nuts



#### **Immunizations**

Diseases Name: Polio

Booster1

Age: 0 Date: 00-00-0000

Booster2

Age: 22 Date: 12-10-1993

Booster3

Age: 07-10-2005

Diseases Name: Tuberculosis

Booster1

Age: 18 Date: 11-10-1989

Booster2

Age: 28 Date: 10-10-1996

Booster3

Age: 0 Date: 00-00-0000



### Family Health History

Name: Diseases: Heart Disease, High Blood Pressure

Relation: Mother Age: 68

Cause Of Death: Other Disease:

Name: Joe Diseases: Diabetes, Heart Disease, High Cholesterol

Relation: Father Age: 70

Cause Of Death: Other Disease:



### Hospitalization

Hospitalization Date: 04-10-2006 Reason: Typhoid

Remarks: 3 days



### **Surgeries**

Surgery Date: 08-10-2008 Doctor: Harvey

Surgical Procedure: Lympoma Comments: Benign



## Lab or Imaging (Examples: X-ray, MRI, Mammogram etc.)

Test Name: Doctor:

Test Date:

Reason:



## Medical Devices (Examples: pacemaker, insulin pumps, breathing devices etc.)

Device Type: Gluco meters
Date: 09-10-2007
Hospital: None
Doctor: Weingarten
Reason: Monitoring Diabetes



## Physical/Occupational Therapy

Therapy Type: Sciatica
Frequency: 3 times
Date: 01-10-2009
Comments: Nerve stressed



### Vision

Doctor: Dr Tony Visited Date: 21-10-2009

Left Eye Vision: Myopia
Left Eye Power: -1.5
Left Eye Disease: Dry eyes
Right Eye Vision: Myopia
Right Eye Power: -0.75
Right Eye Disease: Dry eyes

#### How can I share this information?

#### You can:

- Print this record and keep it with you at all times.
- You can save it to your computer and/or flash drive.
- You can email it to yourself to ensure access from anywhere and anytime (provided you have access to the internet).
- Provide a copy/email it to your doctor.
- Also, consider sharing it with your emergency contacts so they are posted about your health history in case of emergencies.