

www.madonna.org

Personal Health Record for:
Your personal health information is a valuable resource to you, your family, and the doctors, nurses and other healthcare professionals who provide your treatment and care. Keeping your own personal health profile updated allows you to provide doctors with valuable information that can help improve the quality of care you receive. A personal health record can help reduce or eliminate duplicate tests and allow you to receive faster, safer treatment and care in an emergency. A personal health profile helps you play a more active role in your healthcare.
To keep your records updated, remember to:
Update your emergency contact information and hospital preference as changes occur.
Update your insurance information. Include updated copies of Advanced Directives, including Living Wills and/or Durable Power of Attorneys for Healthcare.
Update the list of medicines you take, including the dose and how often you take the medicine and what condition the medicine is for.
Write down any known allergies or reactions to medicines you take.
Update the health log of medical conditions that you may have, including additional times you are in the hospital and any additional surgeries.
Include all health care providers that are involved in your care, including physicians, other medical personnel and healthcare agencies.
List any recent immunizations you have received.
List any medical equipment that you use, including vendor contact information.
Other medical information that is important for someone to know:

Visit Madonna's website at www.madonna.org in order to access printable versions of additional blank pages to add to your portable profile.

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HEALTHCARE PROVIDERS

This section should include all healthcare providers involved with care, including the name of the healthcare provider, specialty services, address and contact number. Healthcare providers may include physicians, other medical personnel and healthcare agencies.

Healthcare Provider Name	Specialty	Address	Phone Number

Portable Health Profile fo	or:		
EMER	GENCY CON	NTACT INFORMATIO	ON
This section should include relationship to person serve		eact information, including name on number.	of contact,
Name	Relationship	Address	Phone Number

Name	Relationship	Address	Phone Number

HOSPITAL PREFERENCE

This section should include your hospital preference should emergent needs for a hospital admission arise, including the name of the hospital, address and phone number.

Name of Hospital	Address	Phone Number

INSURANCE INFORMATION

This section should include all medical insurance, including primary and secondary insurances, individual and group policy numbers and both current and pending benefits. You may include an application for insurance that has been submitted but not yet accepted.

Insurance	Primary/Secondary	Group Policy	Individual	Current/Pending
Provider	Coverage	Number	Policy Number	Benefits

Personal H	ealth Record for:					
This section current dos	n should include all medication ages.	ns taken, both pres		CATIONS r the counter, including th	ne prescribing physicians, 1	medication sensitivities and
Date Started	Name of Medication	Dosage of Medication	Frequency	Reason for Use	Prescribing Physician	Stop Date

Date Started	Name of Medication	Dosage of Medication	Frequency	Reason for Use	Prescribing Physician	Stop Date

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IMMUNIZATIONS

This section should include all recent immunizations, including the date of the immunization, facility where immunization occurred and any noted adverse reactions to the immunization. Types of immunizations could include Hepatitis shots, tetanus shots, flu shots, pneumonia shot, etc.

Immunization	Date of	Facility Providing Immunization	Adverse Reactions to
	Immunization	Immunization	Immunization

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ALLERGIES

This section should include known allergies to all substances, including medication allergies, food allergies, environmental allergies, in addition to known allergic reactions and treatments.

Allergen	Allergic Reaction	Treatment to Reaction	Miscellaneous Information
		Reaction	Imormation

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HEALTH LOG of MEDICAL CONDITIONS/DIAGNOSES

This section should include a comprehensive list of medical conditions or diagnoses which may include special tests, exams, x-rays, surgical procedures, vision deficits, hearing loss, swallowing difficulties, functional status, etc., including current treatment for pertinent medical conditions.

Date	Nature of Health Problem	Remarks
		(medications, special tests, x-rays, surgery, etc.)

Date	Nature of Health Problem	Remarks (medications, special tests, x-rays, surgery, etc.)

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EQUIPMENT AND DEVICES

This section should include equipment and devices used, the vendor and vendor's contact number, description of equipment and date of last service. Examples of equipment could include wheelchairs, walking aides, adaptive equipment for bathing and dressing, hearing aides, prosthetics and/or orthotics, hospital bed, oxygen equipment, CPAP, etc.

Description of Equipment	Vendor Name and Contact Number	Date of Last Service	Miscellaneous Information
Equipment	Contact I turnser	Scrvice	1 morniation