#4548

This

PERSONAL HEALTH RECORD

Belongs to:

____

(Name)

My Contact Information is:

Address:_______________________________________

____

Phone: (   ) _________________________________

____

PERSONAL INFORMATION

____

(Name)

Is my Family Member and Support Person. He/She can be

Contacted at: ___________________________________

(Phone)

I ☐ DO ☐ DO NOT have an Advance Directive/ Living Will. It can be found at

____

My Primary Doctor is______________________________

Phone: __(____)__________________________________

My Pharmacy is___________________________________

Phone:__(____)__________________________________

My SCHA Care Coordinator is____

Phone:__(____)_________________________________

My County Case Manager is____

Phone:__(____)__________________________________

MY HEALTH CONDITIONS

RED FLAG_________________________________

ACTION STEPS_________________________________

____

RED FLAG_________________________________

ACTION STEPS_________________________________

____

RED FLAG_________________________________

ACTION STEPS_________________________________

____

RED FLAG_________________________________

ACTION STEPS_________________________________

____

QUESTIONS FOR MY PRIMARY CARE DOCTOR

ALLERGIES

____

____

____

____

OTHER IMPORTANT PEOPLE

My Home Health Agency is____

Phone:___(___)______________________________________

Other____

____

IMPORTANT INFORMATION ABOUT ME

MEDICATIONS & SUPPLEMENTS

NAME	DOSE	HOW OFTEN	REASON