

Section 2: Personal Health Record

The Personal Health Record includes information about you and your health. It helps you keep all your health information in one place. You can use your Personal Health Record during your primary care and other medical treatment visits. It can help during mental health visits. Take your Personal Health Record to the hospital when you go for medical visits. Use it at home. It helps you manage your health care and improve communication between you, your primary care provider, mental health provider, substance abuse treatment provider, and other health care providers.







The Personal Health Record includes physical, mental and substance use information in all sections. Use this tool to record all of your contact and health information in one place, including:









- ▶ Personal Information
- ▶ Additional Needs and Instructions
- ▶ Supportive Individual Contact Information
- ▶ Provider Contact Information
- ▶ Health Conditions
- ▶ Appointments
- ▶ Medication Needs and Records

Note about privacy:

Most of the information you enter on the pages you download, save, or print from this Toolkit is private information. Store it in a safe place with your other medical information.

A. My Personal Information





	First Name				
	Last Name				
	Address				
	Zip Code	State			
	Phone Number			Cell Phone Number	
	Birthdate			Height	Weight
	Month/Day/Year			Feet/Inches	Pounds (eg. 200)





	Personal Health Insurance Company 		Personal Health Insurance Number
	Primary Plan Holder Name, Relationship (Spouse, Parent, Self, etc.) 		Group Number and Plan Phone Number
	Medicaid Insurance Number 		Medicare Insurance Number
	Medicaid Phone Number 		Medicare Phone Number





Section 2: Personal Health Record (continued)





B. Emergency Contacts and Supportive Individuals

As a reminder, “supportive individuals” are people who care about you. They are people you reach out to when you need help. Some examples are family members, friends, neighbors, co-workers, employers, peers, mentors, sponsors, coaches, or landlords. This Toolkit refers to these individuals as “supportive individuals.”

	Primary Supportive Individual #1 Name (This is my Emergency Contact)		Phone Number
	Relationship to me		Other Phone Number

	Supportive Individual #2 Name		Phone Number
	Relationship to me		Other Phone Number







	Supportive Individual #3 Name		Phone Number
	Relationship to me		Other Phone Number







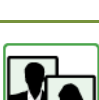

	Supportive Individual #4 Name		Phone Number
	Relationship to me		Other Phone Number

Section 2: Personal Health Record (continued)

C. Provider and Clinic and Hospital Information




Use this list to keep track of your primary care, mental health, and substance abuse provider names and contact information. Also use it to record information about the primary clinics or hospitals you use.

	Primary Care Provider #1 Name		Phone Number
	Primary Care Provider #1 Address		
	Primary Care Provider #2 Name		Phone Number
	Primary Care Provider #2 Address		

	Mental Health Provider Name		Phone Number
	Provider Type		Provider's Address
	Substance Use Treatment Provider Name		Phone Number
	Provider Type		Provider's Address

	Other Provider Name		Phone Number
	Provider Type		Provider's Address

C. Provider and Clinic and Hospital Information (continued)

	Pharmacist's Name		Phone Number
	Pharmacy's Name		Pharmacy's Address
	Medication Management Agency		Address
	Facility Contact Name (If Available)		Their Phone Number

	Hospital Used for Medical Care		Hospital's Address
	Hospital Contact Name (If Available)		Their Phone Number

	Hospital Used for Psychiatric Care		Address
	Facility Contact Name (If Available)		Their Phone Number