

Personal Health Record

Name: _____ Date of Birth: _____

Pharmacy Information

Primary Pharmacy: _____

Pharmacy Phone: _____

Doctor Information

Primary Doctor: _____

NAME PHONE

Specialist: _____

NAME PHONE

Specialist: _____

NAME PHONE

Specialist: _____

NAME PHONE



Name: _____
 Date of Birth: _____
 Doctor: _____
 Doctor's Phone: _____
Emergency Contact
 Name: _____
 Phone: _____

Personal Health Record

My Health Conditions Include:

- Arthritis
- Stroke
- Heart Problems
- Liver Problems
- Dentures/partial
- Defibrillator
- Diabetes
- Seizures
- High Blood Pressure
- Joint Replacement
- Lens Implant
- Hearing Aid
- Cancer
- Lung Problems
- Kidney Problems
- Contact Lenses
- Pacemaker
- Stent
- Other _____

Advance Directives I Have Completed:

- Living Will
- Durable Power of Attorney for Health Care
- Neither

Past Surgeries (please include any and all surgeries, including implants)	Year

Allergies (medications, foods, Latex, other)	Reaction

Medical Insurance Information

Primary Insurance Name: _____

Number: _____

Secondary Insurance Name/Number: _____

- Your Medications**
 Update this sheet and keep it with you at all times. Remember to ask your doctor or pharmacist:
- What is the name of the medication and what is it supposed to do?
 - How and when do I take it? And for how long?
 - What foods, drinks, other medicines or activities should I avoid while taking this medication?
 - Are there any side effects? What should I do if they occur?
 - Is there written information available about the drug?

Personal Medication Record

For: _____

Phone: _____

Height: _____

Weight: _____

Date of Birth: _____

- List all medications you are taking, including over-the-counter drugs, supplements, herbal products, eye drops, inhalers, oxygen, etc
- Do not list medications you will be on for less than two weeks (for example, antibiotics)
- Use a pencil so changes can be made.

Date <i>(added/changed)</i>	Medication Name	Strength/Dosage	How Often?	Why do you take it?	Prescribing Physician

Tips for your medication safety:

- Use only one pharmacy when possible.
- Always present this card at your doctor's office to be reviewed and updated.
- Always have your pharmacist review this card when a new prescription is added.
- Always carry this card with you.
- Always keep this card current

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