

EXAMPLE: PERSONAL HEALTH RECORD (PHR)

DCV Member Name
Medications and Health Record
(Date): February 2016

Date of Birth: 1/1/1942
Blood Type: O

Emergency Contact: Name, phone, email

Medications

Lipitor 20 mm daily
Synthroid Jan 2016 125 daily
Nadolol 20 mm daily
Low dose aspirin daily
Calcium with Vitamin D 1200 daily
Multi-vitamin daily

Surgeries

Coronary Artery Bypass 2001
Prostate Cancer Surgery 2005
Cataract Removal left eye 2009

Illnesses

Hypertension/high blood pressure
High cholesterol
Pneumonia 1980; 2015
2010/2011: Tests for coronary artery disease, heart problems, lung emboli and cancer all negative

Allergies

Percoset

Family History (all deceased)

Mother: COPD, hypertension,
Father: Diabetes, heart attack, hypertension
Sister: Heart attack
Paternal Grandparents and maternal grandfather: Heart attack
Maternal Grandmother: Stroke

Physicians/Health Care Providers

Internist: name, address, phone number
Urologist: name, address, phone number
Eye Doctor: name, address, phone number
Cardiologist: name, address, phone number
Psychologist: name, address, phone number