



**P H R**

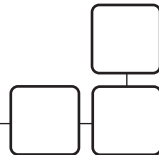
# Personal Health Record of:

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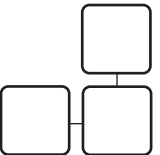
(NAME)

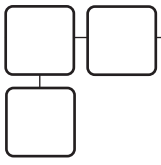
If you have questions or concerns,  
contact \_\_\_\_\_  
at ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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REMEMBER to take this record  
with you to all doctor visits





# Personal Information

## Family Caregiver Information

Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

In what ways do your caregivers help you manage your conditions?

\_\_\_\_\_  
\_\_\_\_\_

## Advance Directive / Living Will:

NO  YES Where can this be found?

\_\_\_\_\_

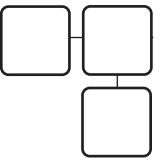
## Health Care Provider Information

Primary Care Dr.: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Other Providers: \_\_\_\_\_



# Questions for other Providers:

Pharmacist

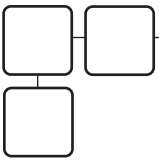
\_\_\_\_\_

Case Manager

\_\_\_\_\_

Other (list name, specialty, organization)

\_\_\_\_\_



# Questions for my Primary Care Doctor:

# My Health Conditions:

- ① \_\_\_\_\_

🚩 Red Flags: \_\_\_\_\_

🏃 Action Steps: \_\_\_\_\_
  
- ② \_\_\_\_\_

🚩 Red Flags: \_\_\_\_\_

🏃 Action Steps: \_\_\_\_\_
  
- ③ \_\_\_\_\_

🚩 Red Flags: \_\_\_\_\_

🏃 Action Steps: \_\_\_\_\_
  
- ④ \_\_\_\_\_

🚩 Red Flags: \_\_\_\_\_

🏃 Action Steps: \_\_\_\_\_
  
- ⑤ \_\_\_\_\_

🚩 Red Flags: \_\_\_\_\_

🏃 Action Steps: \_\_\_\_\_



**Personal Goal**

**Notes:**





# Allergies

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# Medication Record

