

# *Personal Health Record*

The Personal Health Record (PHR) is a tool that you can use to collect, track and share past and current information about your health or the health of someone in your care. This information may save you the time and money of repeating routine medical test. Even when routine tests do need to be repeated, your PHR can give medical care providers more insight into your personal health story. Remember, **you** are responsible for decisions about your health. A PHR can help you.

Important points to know about a Personal Health record:

- You should always have access to your complete health information.
- Information in your PHR should be correct, reliable and complete.
- You should have control over who gets your health information, how they get it and how it is used.
- A PHR may be separate from and does not normally replace the legal medical record of any provider.

Medical records and your personal health record (PHR) are not the same thing. Medical records contain information about your health compiled and maintained by each of your healthcare providers. A PHR is information about your health compiled and kept by **you**. The difference is in how you use your PHR to improve the quality of your healthcare.

The Rehab Program has started to compile your child's PHR (paper and CD format) with information about diagnoses and doctors who have worked with your child at Nationwide Children's Hospital.

Nationwide Children's Hospital does not endorse or expect the use of specific products. However, the following list provides links to a variety of portable health records currently available:

- [Medictag.com](http://Medictag.com)
- [IcePHR.com](http://IcePHR.com)
- [OnFile.com](http://OnFile.com)
- [Myphr.com/resources](http://Myphr.com/resources)
- [Collegeparents.org/cpa/deals-other-portablehealth](http://Collegeparents.org/cpa/deals-other-portablehealth)
- [Medicalhomeinfor.org/tools/care\\_notebook.html](http://Medicalhomeinfor.org/tools/care_notebook.html)
- [Portablehealthprofile.com](http://Portablehealthprofile.com)
- [medicalert.com](http://medicalert.com)
- [iHealthRecord.org](http://iHealthRecord.org)
- [Medikey.com](http://Medikey.com)
- [Nomoreclipboard.com](http://Nomoreclipboard.com)

It is our hope that you complete the PHR and find it to be a useful tool.

The Rehabilitation Team  
Nationwide Children's Hospital

## Personal Health Record (PHR)

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

Date of Birth: \_\_\_\_\_

Emergency Contact:

Mother: \_\_\_\_\_

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

Father: \_\_\_\_\_

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

Primary Care Physician/phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Attach Advance Directives to this sheet

Significant Diagnosis and Conditions		
Onset	Diagnosis	Date Resolved

Surgical History		
Date	Surgery	Status

Functional Status			
	No issues	Current Status	Precautions
Swallowing			
Vision			
Hearing			

Specialty Physicians		
Name	Specialty	Phone Number

Other Medical Information			
	onset		onset
<input type="checkbox"/> ADHD		<input type="checkbox"/> Hemophilia	
<input type="checkbox"/> ARDS		<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Pancreatitis	
<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Pressure sores	
<input type="checkbox"/> Depression		<input type="checkbox"/> Psychiatric disease	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Seizures	
<input type="checkbox"/> DVT		<input type="checkbox"/> Tracheostomy tube	
<input type="checkbox"/> Fractures		<input type="checkbox"/> Urinary Tract Infections	
<input type="checkbox"/> G-tube		<input type="checkbox"/> Ventilator support	
<input type="checkbox"/> Headache		<input type="checkbox"/> Other	

**Current height:**    inches    **Current weight:**    pounds (date: -09)

Current Medications			
Medications	Dose	Route	Frequency

Allergies		
<b>• NO ALLERGIES</b>		
Allergy	Reaction	Date

Immunizations	Booster 1		Booster 2		Booster 3	
	Age	Date	Age	Date	Age	Date
Diphtheria						
Hepatitis B						
Measles						
Mumps						
Pertussis/Whooping Cough						
Polio						
Rubella						
Smallpox						
Tetanus						
Typhoid						
Other						

