# Personal Health Record

## (Photocopy this page and give to a friend in case of emergency.)

Name	Home address
Email address	
Phone number	
Employer phone number	
Health card number	
Private health insurance information	
Date of birth Weight	Height Blood type
Date of HIV diagnosis	Allergies and drug sensitivities
Other medical conditions	

Family history (Has a family member ever had diabetes, heart disease, cancer, etc?)						
Condition	Family member (relationship)	Condition	Family member (relationship)			

Healthcare providers					
Specialty	Name	Contact information			
Family doctor					
HIV specialist					
Pharmacy					

In case of emergency, contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

### History of HIV drugs (Keep this list current.)

HIV drug	Dosing schedule	Special instructions	Date started	Date stopped	Reason for stopping

### History of other drugs, therapies and supplements (Keep this list current.)

Name of drug or therapy	Dose (if applicable)	Special instructions	Date started	Date stopped	Reason for stopping

### History of significant medical events—such as hospitalization, serious illness, surgery (Keep this list current.)

Date	Description of event	Notes

# Monitoring tests (Fill in this chart with the results of each viral load test, CD4 test and any other tests you want to monitor, such as cholesterol or triglyceride levels.)

Date of test					
Viral load					
CD4 cell count					

### Symptoms and side effects

Describe symptom/ side effect	When did it occur and how long did it last?	How was it treated?	Notes

# Notes for visit to doctor

(Photocopy this page and use for each visit.)

Changes in my health since the last visit (for example, new symptoms, illnesses)

Difficulties or challenges with my treatment and/or care

Questions for my doctor

Things I need from my doctor (for example, prescription refill, referral)

Action plan