

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





# Notes for visit to doctor

(Photocopy this page and use for each visit.)

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

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Difficulties or challenges with my treatment and/or care

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Questions for my doctor

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

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Action plan