



"The electronic link to your medical records"

Personal Health Information

Today's Date: October 4, 2009

IMPORTANT – Please be sure to save this form before closing

<i>Personal Information</i>			
Name	<i>Jane Doe</i>	Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date Of Birth	<i>January 14, 1928</i>	Blood Type	<i>O Positive</i>
Street Address/PO Box	<i>28 Lane Drive</i>	Organ Donor	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City	<i>Lancelot</i>	Living Will	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
State	<i>NJ</i>	Dentures	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Zip	<i>11098</i>	Smoker	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Soc. Sec.#	<i>009 99-6654</i>	Home Phone	<i>999 888-2232</i>
Height	<i>5' 2"</i>	Cell Phone	<i>999 888-2322</i>
Weight	<i>170</i>	Work Phone	<i>999 666-7777</i>
Ethnicity	<i>Caucasian</i>	E-mail	<i>jand doe@comcast.net</i>
Religion	<i>Catholic</i>	PCP	<i>Dr. Ted Zaniwitz</i>
Occupation	<i>Postal Worker</i>	PCP Phone	<i>888 777-6666</i>

<i>Emergency Contacts</i>			
Name	Relationship	Home Phone	Cell or Business
<i>Ted Doe</i>	<i>Spouse</i>	<i>999 888-7777</i>	<i>999 888-7771</i>
<i>Paula Richdale</i>	<i>Daughter</i>	<i>999 445-6644</i>	<i>888 999-1777</i>

<i>Healthcare Contacts</i>			
Name	Specialty	Business Phone	Cell Phone
<i>Dr. Ted Zaniwitz</i>	<i>General Internal Medicine</i>	<i>999 555-4444</i>	
<i>Dr. Marie Senter</i>	<i>Cardiologist</i>	<i>999 666-3333</i>	

Insurance			
Primary Medical Insurance		Secondary Medical Insurance	
Primary Insurance Co.	<i>Medicare</i>	Secondary Insurance Co.	
Phone #	<i>999 111-2222</i>	Phone #	
Primary Subscriber Name	<i>Jane Doe</i>	Secondary Subscriber Name	
Group ID	<i>Medicare A & B</i>	Group ID	
Member ID	<i>0111-2233-44</i>	Member ID	

Prescription Insurance		Dental Insurance	
Primary Insurance Co.	<i>Express Scripts</i>	Insurance Company	
Phone #	<i>999 335-3322</i>	Phone #	
Primary Subscriber Name	<i>Jane Doe</i>	Primary Subscriber Name	
Group ID	<i>S5555_00_11111</i>	Group ID	
Member ID	<i>G99999999</i>	Member ID	

Physician(s)			
Full Name	Specialty	Day Phone	Business / Cell
<i>Dr. Ted Zaniwitz</i>	<i>General Internal Medicine</i>	<i>999 555-4444</i>	<i>999 444-5555</i>
<i>Dr. Marie Senter</i>	<i>Cardiologist</i>	<i>999 666-3333</i>	<i>999 333-6666</i>
<i>Susan M. Roe MD</i>	<i>Adrenal Diseases; Diabetes</i>	<i>999 223-3311</i>	<i>999 777-2241</i>
<i>Jeffrey L. Marco MD</i>	<i>Ophthalmology</i>	<i>999 123-4567</i>	<i>999 765-4321</i>
<i>Daniel F. Callizy, Jr.</i>	<i>Podiatrist</i>	<i>999 822-1114</i>	<i>999 885-2222</i>

Implant Devices		
Device ID	Manufacturer	Model Number
<i>None</i>		

Preferred Hospital		Preferred Pharmacy	
Address	Phone	Address	Phone
<i>General Hospital Petro, Ohio</i>	<i>999 258-8523</i>	<i>CVS Pharmacy Petro, Ohio</i>	<i>999 147-1258</i>
<i>Lahey Clinic Burlington, VT</i>	<i>999 552-5223</i>		

Diabetic			
Type I	Type II		Other
<input checked="" type="checkbox"/> Insulin dependent	<input type="checkbox"/> Insulin dependent	<input type="checkbox"/> Non-Insulin dependent	A1C
<input type="checkbox"/> Non-Insulin dependent	<input type="checkbox"/> Medication Controlled	<input type="checkbox"/> Diet Controlled	

Cholesterol

Date Collected	HDL: <40 mg/dl	LDL: <130 mg/dl	Triglycerides: <150 mg/dl	Total Cholesterol: <200 mg/dl
<i>06/07/08</i>	<i>48</i>	<i>101</i>	<i>212</i>	<i>239</i>

Other Lab Tests

Date Collected				

Medical Conditions

Other Medical Conditions

Condition	Details	Condition	Details
<i>Heart patient</i>	<i>MI on 10/15/06</i>	<i>COPD</i>	
<i>Coronary Artery Disease</i>	<i>Since 2001</i>	<i>Acid Reflux</i>	
<i>Angina</i>	<i>Since 1998</i>	<i>Bursitis</i>	
<i>Diabetes – Type 2</i>	<i>Since 2001</i>	<i>Kidney Dialysis</i>	<i>3 times @ week</i>
<i>High Blood Pressure</i>	<i>Since 1998</i>		

Medical History

Procedures and Surgeries	Date of Procedure	Details	Comments
<i>Chest pain admitted</i>	<i>09/05/08</i>	<i>Catherization</i>	
<i>Insomnia</i>	<i>10/25/08</i>	<i>Sleep lab</i>	
<i>Ulcers</i>			
<i>Herniated Disk</i>			

Immunizations – Flu, Pneumonia, Tetanus, ETC

Date	Immunization Type	Date	Immunization Type
<i>08/06/06</i>	<i>Pneumonia</i>		
<i>08/05/06</i>	<i>Influenza</i>		

Family History

Name	Relationship	Date of Birth	Details
<i>George Closki</i>	<i>Father</i>	<i>04/12/1912</i>	<i>Lung Cancer & Diabetes</i>
<i>Angelina Closki</i>	<i>Mother</i>	<i>05/18/1918</i>	<i>Serious stroke, unable to speak</i>
<i>James Closki</i>	<i>Brother</i>	<i>06/05/1947</i>	<i>Heart attack & by-pass surgery</i>

Drugs / Medicines / OTC

Drug Name	Dosage	Frequency	Details
<i>Allopurinol</i>	<i>300 mg</i>	<i>Once a day</i>	
<i>Aspirin</i>	<i>325 mg</i>	<i>Once a day</i>	
<i>Coreg</i>	<i>6.25 mg</i>	<i>Twice a day</i>	
<i>Gemfibrozil</i>	<i>600 mg</i>	<i>Twice a day</i>	
<i>Micardis</i>	<i>80 mg</i>	<i>Once a day</i>	
<i>Nitroglycerin</i>	<i>0.4 (1/150)</i>	<i>As needed</i>	
<i>Plavix</i>	<i>75 mg</i>	<i>Once a day</i>	
<i>Zetia</i>	<i>10 mg</i>	<i>Once a day</i>	

Allergies / Sensitivities

Click here if you are allergic to latex

Drug	Details	Food	Details
<i>Statins</i>	<i>Sensitivity to all statins</i>		

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