

Personal Health Record



This Personal Health Record belongs to

If you have questions or concerns, contact

_____ (_____) _____ - _____

My RUPCO Care Manager

I am receiving home care services from

1) _____ (_____) _____ - _____

Home Health Agency

Phone Number

Other community services I am receiving

2) _____ (_____) _____ - _____

Name of Service and Contact

3) _____ (_____) _____ - _____

Name of Service and Contact



Personal Information

Address _____

(____) ____-____

Home Phone Number

(____) ____-____

Alternate Phone Number

Birth Date ____/____/____

____ (____) ____-____

Primary Care Physician

Phone Number

Advance Directive(s): *Check all that apply.*

Living Will Health Care Proxy DNR

____ (____) ____-____

Health Care Proxy Name and Phone Number

I am an Organ Donor Yes No



Caregiver Information

Caregiver's Name

Relationship to Me

(____) ____-____

Phone Number

(____) ____-____

Alternate Phone Number

Other Specialty Physicians

____ (____) ____-____

Cardiologist Name

Phone Number

____ (____) ____-____

Name

Phone Number

____ (____) ____-____

Other Healthcare Professional

Phone Number

Insurance

Insurance Name/Type

Account Number/ Group ID

____ (____) ____-____

Pharmacy Name

Phone Number

Medication Name	Dose	Frequency

Reason	Date Started	Date Discontinued

Allergies

Immunizations

Influenza (Flu) Vaccine: _____ / _____ / _____

Pneumococcal (Pneumonia) Vaccine: _____ / _____ / _____

Other Vaccine: _____ / _____ / _____

Red Flags

Questions for my primary care physician

Personal Health Goals

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____



Supportive Housing Programs

Resident- based Programs

- The Nurse is In
- Say Yes to Fresh Veggies
- Tai Chi

Resident-based Workshops on

- Diabetes 101
- Medicare 101
- Tech-savvy Seniors
- Medicare Savings Program

NYConnects

Family Self-sufficiency Program

HOPWA (Housing Opportunities for People with AIDS)

NeighborWorks® HomeOwnership Center

- Foreclosure Prevention
- Financial Counseling
- First-time Homebuyer Education and Grants
- Rehabilitation Services and Grants

Community Development

Green Jobs / Green New York

- Free/low-cost energy audits
- Weatherization and Energy-Efficiency Incentives

Real Estate Development & Construction

Property Management

Annual Celebrations

- Magic of the Season
- Summer Picnic
- Resident-artist exhibitions

Rental Assistance

- Housing Choice Voucher Program
- Section 8 to Homeownership

In Case of Emergency

Keep this Personal Health Record on your refrigerator for easy access by your family members and emergency services personnel.

If you are experiencing difficulty breathing or any other medical emergency, call 9-1-1 for an ambulance.

Tips for Good Health

- Drink 6-8 glasses of liquids each day.
- Eat when you are hungry.
- Rest when you are tired.
- Walk or exercise for 30 minutes a day; break it up into three 10 minute sessions if needed.



*Strengthening Homes,
Communities
and Lives*

289 Fair Street, Kingston, NY 12401 (845) 331-2140

RUPCO's Senior Supportive Housing Program is funded in part by NYS Department of Health.

To better manage my health and medication:

- Take this Personal Health Record with me wherever I go, including ALL doctor visits and future hospitalizations.
- Call my doctor if I have questions about my medications or if I want to change how I take my medications.
- Tell my doctors about ALL of the medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.
- Update the Medication Record section in this Personal Health Record with ANY changes to my medications.
- Ask questions, so I will know why I am taking each of my medications.
- Ask questions, so I will know how much, when and for how long I am to take each of my medications.
- Ask about possible medication side-effects to watch out for and what to do if I notice any.

This material was adopted from the Personal Health Record developed by Dr. Eric Coleman, UCHSC, HCPR.