

Physical Medicine and Rehabilitation

**Portable Health Profile (PHP) Data Collection Form**

This form contains information that is confidential. It may contain information that is privileged or exempt from disclosure under applicable law.

**1. Personal Information**

|  |  |
| --- | --- |
| Name | Date |
| Street | City | State | Zip |
| Home Phone | Mobile Phone |
| Date of Birth (mm/dd/yyyy) | Blood type |

**2. Emergency Contacts**

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
| Relationship |  | Relationship |
| Street |  | Street |
| City |  | City |
| State/Zip |  | State/Zip |
| Home Phone |  | Home Phone |
| Mobile Phone |  | Mobile Phone |

**3. Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication Name | Dosage | Frequency | Provider | Phone Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**4. Known Allergies**

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**5. Known Medical Conditions**

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Risk Factors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bleeding Precautions \_\_Legally blind \_\_Swelling problems \_\_ hip precautions \_\_sternal precautions \_\_prone to fall

**6. Special Needs**

|  |  |
| --- | --- |
| Functional Mobility |  |
| Vision/hearing |  |
| Communication |  |
| Other |  |
|  |  |

**7. Immunizations**

|  |  |
| --- | --- |
| Name | Date Administered |
| Flu vaccine |  |
| Pneumonia vaccine |  |
| Tetanus |  |
| Chicken pox vaccine |  |
| HPV |  |

**8. Healthcare Providers**

|  |  |
| --- | --- |
| Primary Physician | Phone Number |
| Dentist | Phone Number |
| Specialist 1 | Phone Number |
| Specialist 2 | Phone Number |
| Specialist 3 | Phone Number |

\_\_\_Senior Network Health \_\_VNA \_\_\_home health care \_\_\_\_\_\_\_\_\_\_\_ \_\_ oxygen provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Meals on wheels

**9. Preferred Hospitals**

|  |  |
| --- | --- |
| Name | Phone Number |

**10. Health Insurance Information:**

***Primary Insurance Plan Name***

|  |  |
| --- | --- |
| Insured Name | Phone Number |
| ID Number |  |
| Group Name | Group Number |
| Subscriber Name |  |
| Subscriber Number/ID Number |  |

***Secondary Insurance Plan Name***

|  |  |
| --- | --- |
| Insured Name | Phone Number |
| ID Number |  |
| Group Name | Group Number |
| Subscriber Name |  |
| Subscriber Number/ID Number |  |

***Workers’ Compensation Agency Name***

|  |  |
| --- | --- |
| Claim Manager | Phone Number |
| Claim Number |  |

**11. Advance Directive:** \_\_\_\_\_\_\_\_HCP \_\_\_\_\_\_\_\_DNR

**12. Name of Healthcare Agent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of your advanced directive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**13. Medical Devices** (prosthesis, CPAP, Bipap, pacemaker, wheelchair, insulin pumps, hearing aids, durable medical equipment)

|  |  |  |  |
| --- | --- | --- | --- |
| Device | Provider | Providers contactnumbers | Date obtained orDate of last service |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Portable Health Profile Information**

A portable health profile or record is important to manage your health information because it is a comprehensive summary of your medical / health history. A portable health profile should include your personal health history, medical conditions, medications and emergency contact information. This can help you to clearly organize critical information from many providers. Many times patients have multiple health care providers and critical health information may be in various places. A portable health profile can save time by having all your important health information consolidated in one place. This will reduce time lost trying to reconstruct a health profile each time you have

an appointment.

Creating a Portable Health Profile – either in print or electronically, enables you to document your important health history in one place that is useable in both routine and emergency situations. This can help improve your overall safety during healthcare procedures by giving a complete history thus preventing omissions or errors.

Please visit <http://www.urmc.rochester.edu/pmr/> for an electronic version of this form.