

Summary of My Personal Health Record – Guidance Notes for Completion*

Purpose

The purpose of this document is to enable a person to be able to access immediately key information regarding their own health status; and just as importantly, to enable anyone who might be called upon to render assistance to such a person, to do so in a safe and effective manner.

This document is designed to be of benefit in two broad situations: -

- 1) In emergencies;
 - 2) On other occasions when dealing with healthcare professionals and discussing your care, during hospital appointments and other episodes of care for instance;
- And in both of these situations when travelling away from home, especially abroad

It is envisaged that this document would be most useful to someone with a known health condition, but sudden emergencies can occur and these can affect even those individuals who are in good health.

Persons rendering assistance could be health professionals such as ambulance paramedics, or first-aiders, carers, family members or friends, or even bystanders.

Anyone might need assistance as a result of an accident or a sudden onset of illness such as a stroke, heart attack or allergic reaction. At such a time certain items of information may be vital to contribute to a positive outcome. This will enable communication, getting the right kind of help, contacting loved ones, etc. and will be of benefit to the expert or the well-meaning layperson.

The document can be folded to be as small as a credit card and be held in a wallet, purse or personal organiser.

Information to include

It is suggested that two categories of information may be recorded on this form:

- a) Information common to all
- b) Additional information relating to the special needs of the person

Information common to all

Name: Full name and you may wish to add any nickname.

Date of Birth (DoB)

Personal identification numbers: Include your NHS No. at least. It may be helpful to also insert any hospital numbers.

Address and contact details: Your full address, phone numbers and email address.

Emergency contacts: The name and relationship of your next of kin and/or other emergency contacts, with relevant phone numbers (work, home, mobile), etc.

Communication issues: If you experience any difficulty, due to hearing loss, eyesight or speech impairment.

GP: The full details of your GP practice.

Main medical conditions: List major medical conditions, recent serious injuries and operations. You can continue on the blank part of the document, or an additional sheet, if necessary.

Medication: List the names of your medication, dose and times you take them.

Warnings & special precautions: There may be other important information which you need to add apart from allergies (see below), such as the fact that you are diabetic (state type); epileptic; or asthmatic. You may be on Warfarin or other blood-thinning agent, or you may be on steroids. This is not an exhaustive list.

Allergies: Itemise anything you know you are allergic too, e.g. latex and include any food allergies.

Drug allergies: If you know or believe you are allergic to, or have had a bad reaction to any medication, ensure that you record this.

Normal level of mobility: Please indicate your level of mobility as follows: - 1) fully mobile; 2) unsteady; 3) find walking and standing from a chair difficult; 4) need help with walking and standing from a chair; 5) cannot weight-bear. State if you normally require the use of any aids, such as: - sticks, crutches, walking frame, wheelchair, etc.

Disability: Are you registered disabled or blind?

Donor: Are you a registered organ donor?

Last updated: Record this date initially and at every change.

Additional information

You may choose to include further details, such as: -

Religion; and in the blank section: - **Psychological status; Any learning disability or condition such as autism; Blood type; Inoculations and vaccinations**

How to access this form

The form is downloadable and will be a compact paper-based document that can be folded and inserted into a plastic wallet for safekeeping. In this format it can be conveniently updated as and when necessary.

How to complete this form

- 1) Go to your GP practice website and download the blank form.
- 2) Record relevant details by keying-in the information in a suitable font – we suggest, using Arial 9 point
- 3) Alternatively, you may obtain a blank form from your GP practice and hand-write the information.
- 4) Record the date of entry and update the form when any significant change occurs.
- 5) Print the form, trim the margins and fold it along the four horizontal folds (concertina fashion) and then the one vertical fold, to fit into a plastic wallet.
- 6) Keep it in a safe place and carry it with you if possible.
- 7) Tell your relatives, friends, carers, etc. that you carry this document.

Confidentiality

This document is private and confidential, for your use and for any other person that you may choose to share it with. In certain emergency situations it may be necessary for other people to read it (with or without your express permission) in order to care for you but you need to be aware they *may* not respect your privacy.

*The downloadable document My Personal Health Record and these guidance notes have been produced by local Patient Participation Group members for use by patients if they choose to do so.