

Personal health record

(Photocopy this page and give to a friend in case of emergency)

Name _____ Home address _____ _____	Date of birth _____ Email address _____ Phone number _____ Employer phone number _____
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Health card number _____

Private health insurance information: _____

Age _____ Weight _____ Height _____ Blood type _____

Date of HIV diagnosis _____ Other medical conditions: _____ _____ _____	Allergies and drug sensitivities _____ _____ _____
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Family history (for example, has a family member ever had diabetes, heart disease, cancer, etc?)			
Condition	Family member (relation)	Condition	Family member (relation)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Healthcare providers		
Specialty	Name	Contact information
Family doctor	_____	_____
HIV specialist	_____	_____
Pharmacy	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, contact

Name _____ Relationship _____ Phone _____

History of anti-HIV drugs (Keep this list current)

Anti-HIV drug	Dosing schedule	Special instructions	Date started	Date stopped	Reason for stopping

History of other drugs and/or therapies (Keep this list current)

Name of drug or therapy	Dose (if applicable)	Special instructions	Date started	Date stopped	Reason for stopping

History of significant medical events (such as hospitalization, serious illness, surgery) (Keep this list current)

Date	Description of event	Notes

Monitoring tests (Fill in this chart with the results of each viral load test, CD4+ test and any other tests you want to monitor, such as cholesterol or triglyceride levels)

Date of test											
Viral load											
CD4+ cell count											

Symptoms and side effects record

Describe symptom/side effect	When did it occur and how long did it last?	How was it treated?	Notes

Notes for visit to doctor

(Photocopy this page and use for each visit)

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

Difficulties or challenges with my treatment and/or care

Questions for my doctor

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

Action plans