Personal Health Record

Patient information											
First name		Last nam	е		Preferred name		Patient identifier				
Gender		Date of b	rth		Blood type			Last updated date			
Address					City	State			Zip code		
Emergency contact											
Full name			Relationship				Contact number				
Full name			Relationship			Contact number					
Insurance information											
Insurance carrier			Insurance plan				Contact number				
Policy number			Group number			Social security number					
Health information											
Physician information											
Name	Designation/spo		eciality Pho		one	Address			Notes		
Known medical conditions											
Allergies											

Current medications												
Medication name	Dose		Frequency	Indication		Notes						
Vaccination history												
Vaccination			Т	·уре	Date received							
Additional notes												