COMMUNITY WELLNESS CENTER
PERSONAL HEALTH RECORD

This PHR Belongs To: ____

If you have questions or concerns, contact ____________________________________

at (_____) _________ - ________________.

REMEMBER to take this record with you to all doctor visits.

Family Caregiver Information

Name: ____________________________________ Relation to Patient: ____________________

Phone #: (_____) ______ - ____________ Alternate Phone # (_____) ______ - ___________

In what ways do your caregivers help you manage your condition?

____

____

Advance Directive / Living Will ☐ No ☐ Yes

Where can this be found? ____

Health Care Provider Information

Primary Care Doctor: ____

Phone #: (_____) ______ - ____________ Pharmacy: ______________________________

Other Providers: ____

My Health Conditions

1. Red Flags: ____
   Action Steps: ____
2. Red Flags: ____
   Action Steps: ____
3. Red Flags: ____
   Action Steps: ____

Personal Goal

____

____

____

SIERRA VIEW
MEDICAL CENTER
Community Wellness

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MEDICATION RECORD

Medication and Supplement Record

Medication Name	Dose	How Often	Reason	New?
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Allergies

Descriptions

Notes

Questions for my Primary Care Doctor

Questions for other Providers

Pharmacist

Case Manager

Other (list name, specialty, organization)

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