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
Relationship
Street
City
State/Zip
Home Phone
Mobile Phone

Name
Relationship
Street
City
State/Zip
Home Phone
Mobile Phone

3. Medications

Medication Name	Dosage	Frequency	Provider	Phone Number

4. Known Allergies

5. Known Medical Conditions

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: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

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

Device	Provider	Providers contact numbers	Date obtained or Date 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.