



EQUAL HEALTH:

Monthly Informer

SEPTEMBER 2006

KNOW YOUR FAMILY HEALTH HISTORY

Is someone you love afraid to go to the doctor?
Are you concerned that it's been way too long since a loved one has had a check
up? Are you concerned with the health and well-being of someone close to you?

**Uniformed Services University of the Health Sciences
Center for Health Disparities Research and Education**
Community Outreach and Information Dissemination Core

Centers of EXcellence in Partnerships for Community Outreach, Research on
Health Disparities, and Training program (Project EXPORT)

Personal Health Record

Adapted from the Health Information Form for Adults
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Maintaining your own personal health record is one of the best ways to have constant access to your health information over the course of your lifetime. Whether you change physicians or your physician relocates or retires, by keeping your own personal health record you and your family will have vital information at your fingertips.

What Is a Health Record?

Every time you visit your provider, hospital, or another healthcare provider, a record of your visit is made. This information is then compiled into what is known as your health record. Your health record, also known as your medical record, is used by doctors, nurses, and other medical staff to ensure you receive quality healthcare. It serves as a:

- Basis for planning your care and treatment
- Means by which doctors, nurses, and others caring for you can talk to one another about your needs
- Legal document describing the care you received

- Means by which you or your insurance company can verify that services billed were actually provided

Your physical health record belongs to your healthcare provider, but the information in it belongs to you!

Understanding what is in your health record helps you:

- Make sure it's correct and complete
- Know what is being released when you authorize disclosure of information to others
- Provide an accurate health history to all healthcare providers who treat you

Why Start a Personal Health Record (PHR)?



Your health information is scattered across many different providers and facilities. Keeping your own complete, updated, and easily accessible health record means you can play a more active role in your healthcare. You

wouldn't write checks without keeping a check register. The same level of responsibility makes sense for your healthcare.

Your own personal health record (PHR) offers a different perspective, showing all your health-related information. It can include any information that you think affects your

health, including information that your provider may not have, such as your exercise routines, dietary habits, or glucose levels if you are diabetic. Also, the PHR is a critical tool that enables you to partner with your providers.

The PHR empowers you, the patient. The information you gather gives you knowledge that assists your preparation for appointments. Overall, it gives you more intimate knowledge of your health information, including an active role in preventive care and care management. This way, you are more involved in your own care and it can help reduce health disparities.

How to create a Personal Health Record? A Step-by-Step Guide

To start your personal health record, you will need to request a copy of your health records from all your healthcare providers, including your general practitioner, plus your eye provider, dentist, and any other specialist you have seen.

Don't feel that you must gather all your health information at once. If you like, the next time you visit the provider, simply ask for recent records, and do so each time you visit a healthcare provider.

Below are steps for creating a complete personal health record, but feel free to create your PHR at your own pace.

STEP 1: Contact your provider offices or medical records staff or the health information management (HIM) at each facility where you received treatment. Ask if your records are in an electronic format that you can access yourself, or if you need to request copies.

STEP 2: Ask for an "authorization for the release of information" form. Complete the form and return it to the facility as directed. Most facilities do charge for copies. The fee can only include the cost of copying (including supplies and labor), as well as postage if you request the copy to be mailed. It can take up to 60 days to receive your medical records, so ask when you can expect to receive the information you requested.

STEP 3: Once you've gathered the information you are seeking, there are a few different ways you can maintain your PHR. To get started, you can simply gather your information. Since not all information may be available to you in an electronic format, an old-fashioned file folder may be the easiest and most inclusive format for now.

STEP 4: You can transfer electronic information to a computer disk, and carry that with you. Also, portable devices are available that allow you to carry information on a memory chip inside something called a keychain USB drive, which plugs into most computers. Then there are Internet-based services you can access from your home computer where you can store and retrieve your health

information. Some services can even help you collect the information you need from your doctors and other healthcare providers.

STEP 5: Bring your PHR to all visits so you have the information with you and to remember to keep adding and updating it with entries from providers, yourself, or your family member.

STEP 6: Create and carry a card that has vital information on it—such as medication needs or allergies—with you at all times. You won't always have your PHR with you.

STEP 7: Remember, this is your private information, so protect it and maintain confidentiality. Let trusted family members know that you are compiling it, and where you keep it, but beyond that, keep it safe and protected.

The following is an example of what a personal health record should look like. You may use this example to begin keeping track of your important health information.

Languages Spoken

Primary	Secondary

Identification

Name (Last) (First) (Middle)			
Maiden Name			
Primary Address			
City State Zip Code Country			
Alternate Address			
City State Zip Code Country			
Home Phone		Work Phone	
Cell Phone		E-mail Address	
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Blood/RH Type			
Height	Weight	Eye Color	Hair Color

Insurance Information

Primary Health Insurance Carrier Policy Number

Secondary Health Insurance Carrier Policy Number

Health Care Providers

Name

Primary Care Physician? Yes No

Group or Association

Address

City State Zip Code Country

Phone Emergency Phone No. (after hours)

E-mail Address

Fax

Web Address/URL

In Case of Emergency, Notify:
Primary Contact

Name (Last) (First) (Middle)	
Relationship	
Address	
City State Zip Code Country	
Home Phone	Work Phone
Cell Phone	E-mail Address

In Case of Emergency, Notify:
Medical Contact

Physician (Indicate Specialty)	
Phone	
Dentist	Phone
Pharmacy	Phone

Medical History

Check items below that you have now or in the past.	Date Of Onset
<input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) or HIV Positive:	
<input type="checkbox"/> Arthritis	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Bronchitis	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Chlamydia	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Dizziness	
<input type="checkbox"/> Emphysema	
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Eye Problem	
<input type="checkbox"/> Fainting	
<input type="checkbox"/> Frequent or Severe Headache	
<input type="checkbox"/> Glaucoma	
<input type="checkbox"/> Gonorrhea	
<input type="checkbox"/> Hearing Impairment	
<input type="checkbox"/> Heart Condition	
<input type="checkbox"/> Hemodialysis	
<input type="checkbox"/> Herpes	

Medical History

Check items below that you have now or in the past.	Date Of Onset
<input type="checkbox"/> Hemodialysis	
<input type="checkbox"/> Herpes	
<input type="checkbox"/> High Blood Cholesterol	
<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Hypoglycemia	
<input type="checkbox"/> Jaundice	
<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> Mental Retardation	
<input type="checkbox"/> Pain or Pressure in Chest	
<input type="checkbox"/> Palpitations	
<input type="checkbox"/> Periods of Unconsciousness	
<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Rheumatism	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Stomach, Liver, or Intestinal Problems	
<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Tumor	

Medical History

Check items below that you have now or in the past.	Date Of Onset
<input type="checkbox"/> Thyroid Problems	
<input type="checkbox"/> Urinary Tract Infection	
<input type="checkbox"/> Other	

Infectious Diseases

Check appropriate items.		
Disease	Age	Date
<input type="checkbox"/> Chicken Pox		
<input type="checkbox"/> Hepatitis		
<input type="checkbox"/> Measles		
<input type="checkbox"/> Mumps		
<input type="checkbox"/> Pertussis / Whooping Cough		
<input type="checkbox"/> Pneumonia		
<input type="checkbox"/> Polio		
<input type="checkbox"/> Rubella		
<input type="checkbox"/> Scarlet Fever		
<input type="checkbox"/> Other		

Family History

Disease	Check all that apply	Age	Cause of death	
Alcoholism	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Asthma	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Cancer	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Diabetes	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Emphysema	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Glaucoma	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Heart Condition	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Hemodialysis	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Hepatitis	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
High Blood Cholesterol	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
High Blood Pressure	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			

Family History

Disease	Check all that apply	Age	Cause of death	
Kidney Disease	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Mental Retardation	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Rheumatic Fever	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Seizures	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Smoking	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Stomach, Liver, or Intestinal Problems	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Stroke	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Thyroid Disorders	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Tuberculosis	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Tumor	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			
Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Children			

Notes

Mission of the Center

The Uniformed Services University Center for Health Disparities Research and Education (USUCHD) aims to promote health-related change and ultimately reduce health disparities among racial and ethnic minorities through research, education, training, and community outreach and information dissemination.

Community Outreach and Information Dissemination Core

The core's general objective is to actively involve community partners in research, training opportunities, and educational offerings to maximize the understanding and reduction of health disparities in minority populations. This broad objective is achieved through multiple activities, including the extraction, synthesis and compilation of relevant materials and information from the other primary EXPORT Center Components. The activities respond to specific operational objectives established each year in response to the accumulated experience of the community outreach team, the health concerns and needs of our community partners and the Community Based Organization with whom we work collaboratively to reduce health disparities among racial and ethnic minorities.

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