



Have you ever been at your physicians office filling out your patient information and can't remember a medication you're taking or results from a recent lab test? If so, you may benefit from keeping your information in one place. That is why Sunrise Hospital and Sunrise Children's Hospital created an easy-to-use Electronic Personal Health Record (*My Health ID*). *My Health ID* includes important healthcare information like emergency contacts, health allergies, important test results, immunization records, medication lists, and much more. *My Health ID* can be filled out and saved to your personal computer or portable memory device (flash drive) for easy updating and access. *My Health ID* is not saved by Sunrise Hospital or Sunrise Children's Hospital and is only made for your personal use. Please remember to update *My Health ID* after each medical appointment or hospitalization and to save *My Health ID* in a secure place to prevent lost or stolen information. Simply download, fill-in, and save a copy of our pre-made Electronic Personal Health Record. You may choose to add notes at the end of *My Health ID* or not include information you don't deem necessary. Remember to create a *My Health ID* for each member in your family.

Personal Identification				
Name:		Date of Birth:		
Home Address:		Home Phone:		
E-mail Address:		Cell Phone:		
Legal Guardianship (for children under the age of 18)				
Name:		Relationship:		
EMERGENCY CONTACTS				
NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE
ALLERGIES (Including: food, latex, medication--- Please List all)				

Immunization Records:

	Date:
Tdap	
Hepatitis A	
Hepatitis B	
Influenza	
MMR	
Pneumovax (pneumonia)	
Meningitis	
Tetanus	
Varicella (chicken Pox)	
Other:	

Medical History

	Personal	Family History
Asthma/Lung Disease	Date: Notes:	Relation:
High Cholesterol	Date: Notes:	Relation:
Thyroid Problem	Date: Notes:	Relation:

Kidney Disease	Date: Notes:	Relation:
Cancer	Date: Notes:	Relation:
Alcoholism	Date: Notes:	Relation:
High Blood Pressure	Date: Notes:	Relation:
Heart Disease	Date: Notes:	Relation:
Stroke	Date: Notes:	Relation:
Depression/Suicide	Date: Notes:	Relation:
Bleeding or Clotting Disorder	Date: Notes:	Relation:
Genetic Disorders	Date: Notes:	Relation:
Asthma/COPD	Date: Notes:	Relation:
Diabetes	Date: Notes:	Relation:
Other	Date: Notes:	Relation:

Significant Illnesses, Surgeries, and/or Test Results		
Illness, Surgery or Test Result	Date:	Results/Notes:

Healthcare Provider Information				
Physician Name	Specialty	Phone number	Address	Fax Number

**This tool is for your own personal healthcare management. This form is download only. Sunrise Hospital and Sunrise Children’s Hospital is not responsible for any information that is lost or stolen. Please keep your Personal Health Record in a safe, secure place to prevent any misuse of your personal information.*