

Personal Health Profile



This Document contains Important Information about my Healthcare Needs

- Page 1 :** My Specific Healthcare Needs; details of my diagnosis, or medical condition and how it affects me | Medical History
- Page 2 :** Personal Details | Emergency Contacts | Allergies
- Page 3 :** Healthcare Professionals involved in my care
- Page 4 :** Medications : My Local Pharmacy | Medical Card Information
- Page 5 :** My Risk Factors
- Page 6 :** Level of Support I require (including support I may need with daily activities)
- Page 7 :** Equipment I use | Other relevant information
- Page 9 - 14 :** Notes, Appointments, Recent Prescriptions

My Specific Healthcare Needs

Details of my injury or condition

Example:

- I have an Acquired Brain Injury (ABI)
- Other details...

How it affects me

Example:

- I have memory impairment
- I have difficulty communicating
- I often feel fatigued
- I can become anxious in a noisy environment or unfamiliar situations...

Other important medical conditions or symptoms, and brief medical history

Example:

- I have had a Stroke
- Blood Pressure
- Other Conditions

Last updated on:

Personal Details

Name	
Also known as (to family & friends)	
Date of Birth	
Telephone	

Emergency Contact Person(s)

1) Name	
Telephone	
2) Name	
Telephone	

Allergies

Food allergies	
Drug allergies	
Other allergies	

Healthcare Professionals Involved In My Care

GP (Family Doctor)

Name

Telephone

NRH Consultant

Name

Telephone 235 5000 (main hospital number)

Other Healthcare Contacts

1) Name

Telephone

2) Name

Telephone

3) Name

Telephone

4) Name

Telephone

Medications

If available, my most recent prescription(s) will be attached to the back page of this booklet

When I Take My Medications		
Assistance I may need with taking my medications		
If there is someone in particular who usually helps me with my meds	Name	
	Telephone	

My Local Pharmacy

Remember: medications may change; keep a note of your most recent prescriptions

Name	
Telephone	
Location	

Medical Card	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number	
Expiry Date	

Level of Support I Require

I usually need help with the following activities

Example:

- mobility
- assistance using public transport
- communicating
- daily hygiene routine
- other details...

Food and Drink Support

Example:

- portion size
- consistency
- assistance with eating and drinking
- other details...

Other support I may need on occasion

Example:

if there is someone who usually helps me to understand information or make important decisions...

Name	
Telephone	

Equipment I Use

Equipment I use on a daily basis

Example:

- daily care equipment
- mobility equipment
- communication aids
- other equipment...

Vision and Hearing

I use a device for hearing:

Yes

No

I wear glasses or contact lenses:

Yes

No

Other Information That May Be Useful In Managing My Health



Download a copy of the Personal Health Profile (PHP) as follows:

- Log on to www.nrh.ie
- Type 'Personal Health Profile' into Search Box in the top right hand corner of any page on the website
- Print a copy of the PHP that is relevant to you

Alternatively, you can phone the number below and request that a copy be sent to you by post.



Personal Health Passport

National Rehabilitation Hospital
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Co. Dublin, Ireland
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Tel: +353 1 235 5000
Fax: +353 1 285 1053
Email: enquiries@nrh.ie
www.nrh.ie

NRH Services Include:

Spinal Cord System of Care Programme

Brain Injury Programme

Stroke Specialty Programme

Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Programme

Paediatric Family-Centered Rehabilitation Programme