

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 - 12 :** Notes, Appointments
- Page 13 - 14 :** Details of my Prosthetic Limb & list of components Recent Prescriptions

My Specific Healthcare Needs

Details of my injury or condition

Example:

- Bi-lateral lower limb amputation
- Other details...

How it affects me

Example:

- I wear an above knee prosthesis (right leg), and below knee prosthesis (left leg)
- I have difficulty with mobility; in particular with stairs

Other important medical conditions or symptoms, and brief medical history

Example:

- Diabetes
- 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)

My Lead Prosthetist (details of my prosthetic limb may be attached to the back page of this booklet)

Name

Telephone

Other Healthcare Contacts

1) Name

Telephone

2) 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	

My Risk Factors

Risk Factors – things that affect my safety

Example:

- **Skin:** I may be at greater risk of skin breakdown...
- **Diabetes:** Blood sugars need to be checked regularly
- **Blood Sugar Levels:** My blood sugar levels may be liable to spike or drop to a dangerous level. When this happens, the symptoms to look out for are...
- **Other Risks...**

Level of Support I Require

I usually need help with the following activities

Example:

- mobility
- assistance using public transport
- 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

NOTE: Details of my prosthetic limb, and a list of the components may be attached to the back page of this booklet...

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.



**National
Rehabilitation
Hospital**

An tOspidéal Náisiúnta Athshlánúcháin

Personal Health Profile

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NRH Services Include:

Spinal Cord System of Care Programme

Brain Injury Programme

Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Programme

Paediatric Family-centeres Rehabilitation Programme