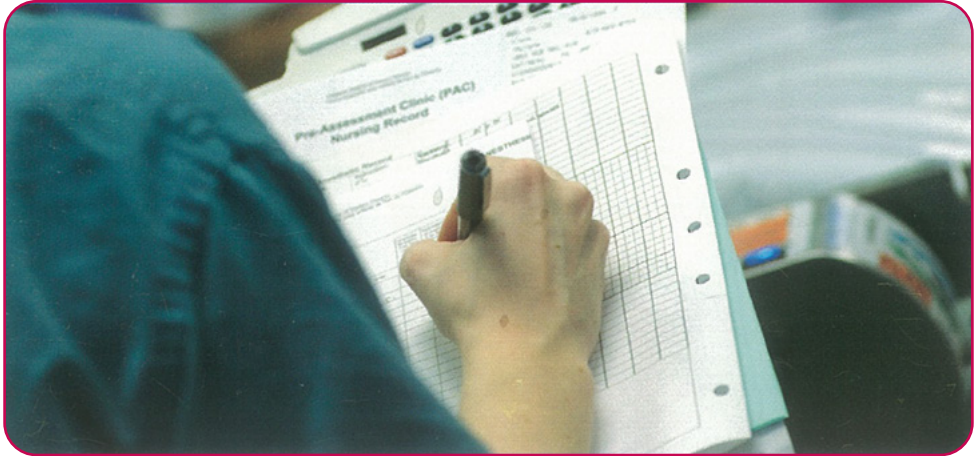


# Personal Health Profile



## 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 8 :** Other information that may be useful in managing my health
- Page 9 :** Notes / Medical Appointments
- Page 10 :** My Most Recent Prescription(s)

## My Specific Healthcare Needs

### Details of my injury or condition

#### Example:

- Spinal Cord Injury  
Complete / Incomplete
- Quadriplegia /  
Tetraplegia...

### How it affects me

#### Example:

- Loss of sensation means I may not be aware of an injury (such as a fracture or scald) to the paralysed part of my body
- I have difficulty communicating...

### Other important medical conditions or symptoms, and brief medical history

#### Example:

- Blood Pressure

Last updated on:

## Personal Details

<b>Name</b>	
<b>Also known as (to family &amp; friends)</b>	
<b>Date of Birth</b>	
<b>Telephone</b>	

## Emergency Contact Person(s)

<b>1) Name</b>	
<b>Telephone</b>	
<b>2) Name</b>	
<b>Telephone</b>	

## Allergies

<b>Food allergies</b>	
<b>Drug allergies</b>	
<b>Other allergies</b>	

## Healthcare Professionals Involved In My Care

### GP (Family Doctor)

<b>Name</b>	
<b>Telephone</b>	

### NRH Consultant

<b>Name</b>	
<b>Telephone</b>	235 5000 (main hospital number)

### Other Healthcare Contacts

<b>1) Name</b>	
<b>Telephone</b>	

<b>2) Name</b>	
<b>Telephone</b>	

<b>3) Name</b>	
<b>Telephone</b>	

<b>4) Name</b>	
<b>Telephone</b>	

## Medications

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

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

### **My Local Pharmacy**

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

<b>Name</b>	
<b>Telephone</b>	
<b>Location</b>	

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

## My Risk Factors

### **Risk Factors – things that affect my safety**

#### **Example:**

- **Skin:** Leaves me at a greater risk of pressure ulcers...
- **Autonomic Dysreflexia:** A sudden and potentially lethal surge of blood pressure
- **Spasm:** May be a response to pain or discomfort below the level of the injury lesion such as a full bladder or bowel...
- **Other Risks:** I cannot adequately control my body temperature and so run the risk of hypothermia or heat exhaustion...

## Level of Support I Require

**I usually need help with the following activities**

**Example:**

- mobility
- transfers
- 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...

<b>Name</b>	
<b>Telephone</b>	

## Equipment I Use

### Equipment I use on a daily basis

#### Example:

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

<b>Vision and Hearing</b>	<b>I use a device for hearing:</b>	<b>Yes</b>	<b>No</b>
	<b>I wear glasses or contact lenses:</b>	<b>Yes</b>	<b>No</b>

## Other information that may be useful in managing my health

**Other information that may be useful in  
managing my health**



## My Most Recent Prescription(s)

**List your current medications (remember to give a copy of your most recent prescriptions to the nurse on admission)**



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

- Log on to [www.nrh.ie](http://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  
Rochestown Avenue  
Dun Laoghaire  
Co. Dublin, Ireland  
A96 RPN4

Tel: +353 1 235 5000  
Fax: +353 1 285 1053  
Email: [enquiries@nrh.ie](mailto:enquiries@nrh.ie)  
[www.nrh.ie](http://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**