

The Health Profile Organizer pages have been designed to help you collect and organize information you may want to include in your personal health record. A personal health record is not a traditional medical record, but a health summary of your health history which evolves over your lifetime. You determine the important and necessary information about you and your health. It is a valuable tool for both routine and emergency health services.

Instructions and examples are provided as you work through the organizer. Except for your name and date of birth, all of the information about you is optional. Always remember, complete and accurate information will better serve you. Once completed, the information can be entered into the personal health record software. The software is free; allowing you to create and maintain as many personal profiles as you want. For example, you could create a separate profile for each member of your family. All data you enter into the personal health record software is encrypted and secure. You can also include important documents and restrict access to them. Only trusted individuals who have received your password will be able to access the documents. Each personal health record you enter into the personal health record software can be printed for distribution to family or friends.

For an annual subscription fee, your personal health record profile can also be uploaded to the Health InfoSTAT server. This will make your personal health record readily available anytime, anywhere the Internet is available. The entire process is secure and encrypted. You can print an "Emergency Access" card that provides instructions for viewing your profile using your "Member ID" and PIN (Personal Identification Number).

We hope you find the Health Profile Organizer to be a useful tool. Your comments are always appreciated. Send us your thoughts via email to hpo@healthinfostat.com.

Contact Information

Your First, Middle and Last Name are required. If you would like to have your picture included in your profile, you will need to select a digital photograph on your computer.

First Middle Last Name*	
Home Phone	
Work Phone	
Mobile Phone	
Personal Email	
Business Email	
Home Address City, State, Zip Code	
Mailing Address City, State, Zip Code <small>(if different)</small>	

Personal Information

To help prevent identity theft, only the last four digits of your social security number are presented if you decide not to require a password for emergency access. Also, only your age (not your date of birth) will be displayed in this scenario.

Social Security Number	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth*	
Hair Color	
Eye Color	
Height (feet-inches)	
Weight	
Distinguishing Marks	

Additional remarks regarding your personal information:

Personal Background

The information for this section is not required, but it is recommended due to the fact it may be beneficial to your future healthcare services. This can be especially true in an emergency situation.

Primary Language	
Secondary Language	
Ethnic Origin or Nationality	
Religious Affiliation	
Citizenship	

Additional remarks regarding your personal background:

Current Medications

This page identifies prescription and over-the-counter medications you take on a regular basis. You can easily acquire this information from your medication labels or pharmacist.

Not taking any medications

Drug Name	Dosage	How Frequently Taken

Example of Information

Synthroid	50mcg	Once daily
Glucophage	500mg	Twice daily
Aspirin	81mg	Once daily

Additional remarks regarding your current medications:

Previous Surgeries and Hospitalizations

This page identifies those significant surgeries and hospitalizations throughout your lifetime. If you have had surgeries or been hospitalized, enter the date of surgery or hospitalization (Month and/or Year is sufficient), the reason for the surgery or hospitalization, as well as the name and location of the medical facility which performed each procedure. In an emergency situation, care providers may find it beneficial to contact the facility and reference prior surgical and hospitalization records.

No previous surgeries or hospitalizations

Date of Surgery/Hospitalization	Surgical Procedure/Hospitalization Reason	Medical Facility and City

Example of Information

1992	Discectomy L5/S1	All Saints Hospital, Springfield, IL
2005	Left total hip replacement	Community Hospital, St. Louis, MO

Additional remarks regarding your previous surgical procedures:

Personal Medical History

Check boxes to indicate whether you or anyone in your family has ever suffered from any of the following:

- | | | | |
|----------------------------------|---|---|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Stomach Problems | |

Additional remarks regarding other or additional personal medical history:

Physical Conditions

Check boxes indicating your physical condition relating to the following:

Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Aid Used <input type="checkbox"/> Deaf	
Blood Type (if known)		In all cases, your blood type will be determined prior to receiving blood.
Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Blind <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Intraocular Lenses	
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Mute <input type="checkbox"/> Sign Language	
Sense of Smell	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	
Smoker	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Quit - Year _____	
Dentures	<input type="checkbox"/> Upper Plate <input type="checkbox"/> Lower Plate <input type="checkbox"/> Partial Plate <input type="checkbox"/> Implants <input type="checkbox"/> Removable Appliance	
Physical Limitations		

Additional remarks regarding your physical condition:

Physical Status

Check boxes indicating your physical status. Provide remarks relating to those which apply to your physical status.

Amputations <input type="checkbox"/> None	
Prosthesis <input type="checkbox"/> None	
Joint Replacements <input type="checkbox"/> None	
Implanted Devices <input type="checkbox"/> None	
Transplanted Organs <input type="checkbox"/> None	

Additional remarks regarding your physical status:

Personal Emergency Contacts

These are the individuals, usually family members or close friends, who should be contacted in the event of a medical emergency. There is no limit to the number of contacts you may enter into Solace.

Contact Name	Relationship	Phone Number	Address

Medical Emergency Contacts

These are the medical professionals who are involved with your care and are familiar with your health history. Medical contacts can include your hospital affiliation or preference. There is no limit to the number of contacts you may enter into Solace.

Contact Name	Contact Type	Phone Number	Address

Baseline Diagnostic Reports

Interpretive reports of diagnostic test results may be beneficial when you encounter a need for healthcare. They include your normal findings which help establish a baseline for subsequent comparison. Your primary care provider(s) should be able to assist you in determining if any of these reports would be of value to other providers.

The known existence of these reports, date of report and origin (facility and city/state location) can be useful as a diagnostic reference. In emergency situations, the actual test result, as well as the interpretive report, may be very important. If you want to include any interpretive reports in your profile, a copy can be acquired from the provider and scanned into a digital file. The resulting scan (or digital picture) of the report can then be copied into your personal health record and made available for future reference.

Additional baseline diagnostic reports can be added to the Important Document Locator page. You can then grant permission for medical emergency personnel to access the documents.

Diagnostic Report	Report Date	Who has the original report?	Scanned report location on your computer
MRI			
Echocardiogram			
EKG			
CT Scan			
X-Ray			
Labs			

Additional remarks regarding your baseline diagnostic reports:

Important Document Locator

You can store digital copies of your important healthcare documents, making them available to specific individuals for future reference or emergency personnel. Any document you deem important can be scanned into your computer. This produces a digital image (or picture) of the document. The resulting scan (or digital picture) of the report can then be copied into your personal health record and made available for future reference. In addition to storing the document in your profile, you can easily restrict access to specific documents by requiring passwords. Different access passwords can be defined specifically for Intimate (Spouse), Family or Medical Emergency. Documents associated with each of these groups are made available provided they enter the access password.

These password protections are in addition to the password which may be required to access the other profile information. Access to these documents requires your Solace Member ID and the corresponding password.

Acceptable image (or digital document) formats include: GIF, TIF, JPG (or JPEG), BMP, PNG or PDF.

Document Name	Original Document Location	Executor/Trustee Information	Access Permission	Digital Document Location
Last Will and Testament			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
Power of Attorney			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
Advance Directives			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
Living Will			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	
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			<input type="checkbox"/> Intimate/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Medical Emergency	