

# Personal Health Record

Delaware Healthy Children Program  
Diamond State Health Plan  
Diamond State Health Plan Plus LTSS

To have a Personal Health Record mailed to you, call  
Care Coordination at 1-844-325-6251 from 8 a.m. – 5 p.m.,  
Monday through Friday, or contact your Care Coordinator.

# My Health Card

Take this card with you to all health care visits.



# My Name:

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I filled out this card on this date: \_\_\_\_\_



## Questions or concerns?

Contact your Care Coordinator or Care Manager.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# My Caregiver

**My family caregiver is:** \_\_\_\_\_

Relation to me: \_\_\_\_\_

Phone: \_\_\_\_\_

My caregiver helps me manage my health by:

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**My emergency contact is:** \_\_\_\_\_

Relation to me: \_\_\_\_\_

Phone: \_\_\_\_\_

**My Legal Guardian is:** \_\_\_\_\_

Relation to me: \_\_\_\_\_

Phone: \_\_\_\_\_

**I have given power of attorney to:** \_\_\_\_\_

Relation to me: \_\_\_\_\_

Phone: \_\_\_\_\_

I do  I do not have an advance directive or living will.

**Here is where I keep the document:**

\_\_\_\_\_  
\_\_\_\_\_

## My Pharmacy

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

## My Vaccinations

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## My Medicine and Supplements

Name	Dose	How often?	For what reason?	New?

Name	Dose	How often?	For what reason?	New?

## My Allergies

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# My Health Care Providers

## My Primary Care Provider

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Other Providers

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

## Other Providers

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_



Specialty: \_\_\_\_\_


Phone: \_\_\_\_\_



# My Health Conditions



Key:  Warning Sign  Take Action



1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Important Dates

Provider	Date of visit

# My Questions

**For my PCP:**

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**For Pharmacist:**

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**For other providers:**

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**For Care Coordinator or  
Care Manager:**

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# My Notes



HighmarkHealthOptions.com

**If you have questions, call Highmark Health Options, Monday–Friday, 8 a.m.–8 p.m.**

Diamond State Health Plan Member Services [1-844-325-6251](tel:1-844-325-6251)

Long-Term Supports and Services Member Services [1-855-401-8251](tel:1-855-401-8251)

(TTY 711 or [1-800-232-5460](tel:1-800-232-5460))

Asistencia en español [1-844-325-6251](tel:1-844-325-6251)

**If you have a medical question, a nurse is available to help you 24/7!**

Call the 24-Hour Nurse Line at [1-844-325-6251](tel:1-844-325-6251).

**For transportation to health care visits, call Modivcare at [1-866-412-3778](tel:1-866-412-3778).**

**In the event of a mental health crisis, call:**

Northern Delaware Hotline [1-800-652-2929](tel:1-800-652-2929)

Southern Delaware Hotline [1-800-345-6785](tel:1-800-345-6785)

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