



YOUR FAMILY MEDICAL RECORD SYSTEM

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If you want to build an encrypted cloud-based personal or family medical record system for your medical data, you have come to the right place. Our comprehensive medical record template can be located on your own computer or laptop. You establish your own secure cloud filing system by using an inexpensive addition to your hardware called My Cloud by Western Digital or put in on a secure cloud filing system. You can buy the My Cloud hardware at best Buy or online.

Right now your medical data is found on paper, emails, hospital files and who knows where. When you need it you don't have it. For most of us, this data is lost or unavailable in an emergency.

The idea is to centralize all this critical information for each member of the family under your own access codes. As the kids get older, they can migrate to their own file system. The beauty of this simple system is that once you do it and get the basic data together, you will never need to do it again! It only takes seconds to scan in new documents and add them to your files. You can access this anywhere you have the Internet and can always print it if you need a paper copy. How painless is this and how valuable will the data be in an emergency?

What we offer is a template with formatted pages for the parents and care providers to complete. Each can put in as much or as little as they want. We will describe each file element. You can use your smart phone or scanner to load paper records and images to complete all the details.

The goal is to centralize all this medical data into one digital file so that it can be accessed anywhere. This includes any data that relates to health: medical, dental, physical therapy, drugs, etc.

The user controls this file and it is not locked in anyone's server or hospital system, but it resides on your own hardware with your ability to turn it off and on.

By the way, we also suggest that you include pet medical records since they are part of the family.

You want the displays and content to be tabular so that it can easily operate on a cell phone screen. We built our prototype on Word so most any device can read and display it.

Here is our simple format and you can add or delete as needed:

FAMILY MEDICAL RECORDS SYSTEM ORGANIZATION

1. FAMILY NAME AND IDENTIFICATION (FILE HOLDERS) This ID information is separated from the medical record pages. You can code name them cleverly to make it hard to put the pieces together without personal knowledge.
 - a. PARENTS (names-each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - b. CHILDREN (names- each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - c. GRANDPARENTS (names- each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - d. GREAT GRANDPARENTS (names- each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - e. GRANDCHILDREN (names- each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - f. GREAT GRANDCHILDREN (names- each would be assigned a file under 2) (first name, middle name, last name, picture, DOB, DOB location, current address, individual code number or name)
 - g. PETS (pet name, age, sex, breed, weight, picture, ID chip, vet name/address/phone number, vet records and meds, individual code number or name)
 - h. EMERGENCY CONTACT1 (relationship, name, address, phone number, email, cell number)
 - i. EMERGENCY CONTACT2 (relationship, name, address, phone number, email, cell number)

- j. OTHERS (names- each would be assigned a file under 2) (first name, middle name, last name)(could be pet file for vet records)

2. INDIVIDUAL FILE FOLDERS (stored under a different header)

- a. Code number/name
- b. Date last updated:
- c. Critical web sites with user name and password:
- d. AGE, HEIGHT, WEIGHT
- e. SEX
- f. RACE (Caucasian, African American, American Indian, European, Hispanic, Asian, Alaskan, etc)
- g. SOCIAL HISTORY
 - 1). MARITAL STATUS (single, married, divorced, widow, other)

 - 2). DO YOU HAVE A LIVING WILL AND MEDICAL POWER OF ATTORNEY? WHERE IS IT? (attach if available)
 - 3). PRESENT HEALTH (Excellent, good, fair, poor)
 - 4). DO YOU SMOKE? HOW LONG?
 - 5). IS ALCOHOL A PROBLEM IN YOUR LIFE?
 - 6). ARE YOU ON A SPECIAL DIET?
 - 7). ARE YOU DEAF, BLIND OR HANDICAPPED IN ANY WAY? WHAT SPECIAL CARE IS NEEDED?
 - 8). EMPLOYER, JOB TITLE, LOCATION, PHONE NUMBER, RETIRED, UNEMPLOYED, DISABLED, STUDENT
- h. EMERGENCY RESPONDERS CRITICAL INFORMATION (paragraph of critical personal info for your immediate care eg. allergies, drugs, diseases (diabetes), surgical problems, pacemaker, implants(metal objects), AIDS, asthma, diabetes, seizures, heart trouble, bleeding problems, contact lenses, dentures, etc)
- i. DOCTORS, LOCATIONS, PHONE NUMBERS, EMAIL, SPECIALTY, LAST SEEN (personal MD on top) (column headers for input)
- j. USERS NAME AND PASSWORDS FOR SPECIAL MEDICAL CHART ACCOUNTS (Column headers: chart holder name, user name, password) as an example: Shands MYCHART USER NAME/PASSWORD
- k. PROBLEM LIST (LIST OF ALL PROBLEMS AND STATUS :ACUTE, CHRONIC AND RESOLVED) TIME AND DATE STAMP EACH ENTRY
- l. CURRENT PRIMARY DOCTOR (NAME, PHONE NUMBER, EMAIL, LOCATION, SPECIALTY)

- m. LAST HOSPITALIZATION (REASON, HOSPITAL NAME, LOCATION, LENGTH OF STAY, PHONE NUMBER)
- n. REVIEW OF SYSTEMS (any history of: cancer, alcoholism, high cholesterol, sinus problems, glaucoma, stroke, seizures, thyroid disease, anemia, low blood pressure, ulcers, asthma, heart trouble, kidney disease, AIDS, sickle cell anemia, TB, HIV, emphysema, high blood pressure, bleeding problems, depression, migraines, liver disease, birth defects, arthritis, diabetes, heart attack, gout, frequent falls, vitamin deficiency, sexually transmitted disease, etc.)
- o. PAST MEDICAL HISTORY (surgery of: tonsils, ovaries, thyroid, joints, breasts, stomach, kidney, appendix, prostate, hernia, arthroscopy, uterus, small intestine, heart, gallbladder, colon, pacemaker, etc)
- p. FAMILY MEDICAL HISTORY (parents name code, diseases, age, cause of death if deceased)
- q. ALLERGIES (food, drugs, plants, animals, etc) (date of reaction, type of reaction, treatment)
- r. BLOOD TYPE
- s. IMMUNIZATIONS (MMR, DPT, TETANUS, HAEMOPHILUS INFLUENZAE B, HEPATITIS B, HEPATITIS A, MENINGOCOCCAL, GARDASIL, CERAVIX, POLIO, RABIES, ANTHRAX, PNEUMOVAX, FLU, SMALLPOX, ZOSTAVAX, YELLOW FEER, TYPHUS, ETC.)
- t. RECENT MEDICAL PROCEDURES OR TESTS (PROCEDURE/TEST, DATE, LOCATION, REASON)
- u. TB TESTING (last TB test and results)
- v. DRUGS/DOSAGE/FREQUENCY/CURRENT OR DISCONTINUED
- w. VITAMINS, SUPPLEMENTS AND HEALTH FOOD RELATED (name, dosage, date started, purpose, side effects)
- x. DENTIST (name, address, dental records)
- y. LONGITUDINAL DATA STORAGE (A SPREAD SHEET PAGE THAT THE USER CAN FILL IN THE COLUMNS (dates) AND ROWS)
 - i. BLOOD PRESSURE
 - ii. TEMPERATURE
 - iii. BLOOD/URINE VALUES (YOU SET UP YOUR OWN ITEMS)
 - 1. GLUCOSE
 - 2. CHOLESTEROL
 - 3. ETC.

z. DNA GENOTYPE

AA. DOCUMENTS (USE YOUR SMART PHONE OR
SCANNER TO ENTER ALL YOUR DOCUMENTS)

- i. MEDICAL EXAM REPORTS
- ii. LAB REPORTS
- iii. X-RAY REPORTS
- iv. CONSULTANT REPORTS
- v. INSURANCE DOCUMENTS
- vi. HOSPITAL DOCUMENTS
- vii. PHOTOS (date, time, reason)
- viii. OTHER