

Appendix B: Common Data Elements in the PHR

The following list is a starting point of common data elements in a personal health record. The list contains consumer-supplied information only.

Personal Information

- Name
 - Last
 - First
 - Middle
 - Nickname
 - Maiden name
 - Previous name

- Address (multiple)
 - Address type (primary and alternate)
 - Address
 - City
 - State
 - Zip code
 - Country

- Contact information
 - Home phone
 - Cell phone
 - Pager
 - Home e-mail address
 - Work phone
 - Work e-mail address
 - Fax

- Personal identification
 - Gender
 - Date of birth
 - Social Security number (optional)
 - Ethnicity or race
 - Eye color
 - Hair color
 - Birthmarks or scars

- Marital status

- Employer information (multiple)
 - Employer name
 - Occupation
 - Address
 - City

- State
 - Zip code
 - Country
 - Phone number
 - Hazardous working conditions
- Languages spoken
 - Primary
 - Secondary
- School
 - Name
 - Address
 - City
 - State
 - Zip code
 - Country
 - Phone number

Emergency Contacts (multiple entries allowed)

- Contact type (primary and secondary)
- Name
 - Last
 - First
 - Middle
- Relationship
- Address
 - Street
 - City
 - State
 - Zip code
 - Country
- Contact information
 - Home phone
 - Cell phone
 - Pager
 - Home e-mail address
 - Work phone
 - Work e-mail address
 - Fax

- Employer information
 - Employer name
 - Address
 - Street
 - City
 - State
 - Zip code
 - Country
 - Phone number

Healthcare Providers (multiple entries allowed)

- Healthcare provider type
- Name
- Group or association name
- Primary care physician (yes or no)
- Address
 - Street
 - City
 - State
 - Zip code
 - Country
- Contact information:
 - Phone
 - Emergency phone number (after hours)
 - E-mail address
 - Fax
 - Web site address

Insurance Providers (multiple entries allowed)

- Insurance provider type
- Company name
- Address
 - Street
 - City
 - State

- Zip code
- Country
- Contact or agent
 - Name
 - Agent's phone number
- Identification
 - Policy number
 - Group number
 - Member (ID) number
- Contact information
 - Phone
 - Emergency phone number (after hours)
 - E-mail address
 - Web site address
 - Fax
- Deductible
- Copays
 - Office visit
 - Emergency room
 - Specialist
 - Prescription, brand name
 - Prescription, generic
- Primary insured person
 - Name
 - Social Security number
 - Employer information
 - Employer name
 - Address
 - Street
 - City
 - State
 - Zip code
 - Country
 - Phone number

Legal Documents and Medical Directives (multiple entries allowed)
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- Document or directive type
- Document location (physical location)

- Location name (e.g., Bank of America)
- Address
 - Street
 - City
 - State
 - Zip code
 - Country
- Legal representative (person assigned legal authority)
 - Name
 - Address
 - Street
 - City
 - State
 - Zip code
 - Country
 - Contact information
 - Home phone
 - Cell phone
 - Pager
 - Home e-mail address
 - Work phone
 - Work e-mail address
 - Fax
- Contact (person with access to the document)
 - Name
 - Address
 - Street
 - City
 - State
 - Zip code
 - Country
 - Contact information
 - Home phone
 - Cell phone
 - Pager
 - Home e-mail address
 - Work phone
 - Work e-mail address
 - Fax
- Date filed
- Organ donation
 - Organ donor (yes or no)
 - State where registered

- Comments
- Document image (image or copy of actual legal document)

General Medical Information

- Height (feet and inches)
- Weight (pounds)
- Blood
 - Type
 - Special conditions
- Last physical or check-up
 - Date
 - Doctor
 - Result
- General conditions checklist
 - List of general conditions

Allergies and Drug Sensitivities (multiple entries allowed)

- Allergy or sensitivity type
- Reaction
- Severity
- Date last occurred
- Doctor
- Treatment
- Comments

Conditions (multiple entries allowed)

- Condition type
- Date diagnosed
- Doctor
- Age at onset
- Treatment
- Condition status
- Comments

Surgeries (multiple entries allowed)

- Procedure
- Description
- Date
- Doctor
- Hospital
- Results
- Comments

Medications—Prescription and Nonprescription (multiple entries allowed)

- Medication name
- Dosage
- Quantity number
- Quantity form
- Frequency
- Start date
- Stop date
- Prescribed by
- Prescription date
- Prescription number
- Pharmacy
- Allergic reaction
- Comments

Immunizations (multiple entries allowed)

- Immunization type
- Date
- Booster (yes or no)
- Administered by
- Reason
- Comments

Note: Possible display of adult and children's immunization schedule

Doctor Visits (multiple entries allowed)

- Visit type
- Date
- Doctor
- Reason
- Diagnosis
- Comments

Hospitalizations (multiple entries allowed)

- Hospitalization type (includes emergency room)
- Admission date
- Discharge date
- Doctor
- Hospital
- Reason
- Diagnosis
- Complications
- Comments

Other Healthcare Visits (multiple entries allowed)

- Visit type
- Date
- Healthcare professional
- Reason
- Diagnosis
- Treatment
- Comments

Clinical Tests (multiple entries allowed)

- Clinical test type
- Date
- Requesting doctor
- Administered by
- Reason
- Result
- Comments

Pregnancies (multiple entries allowed)

- Pregnancy term
 - First trimester, second trimester, third trimester, full-term birth, premature birth
 - Post-mature birth, miscarriage, stillbirth, aborted
- Due date or date of birth
- Delivery type
- Weeks early or late or weeks of gestation
- Gender
- Child's name
- Doctor
- Hospital

- Admission date
- Discharge date
- Complications
 - Prenatal
 - Mother
 - Child
- Comments

Medical Devices (multiple entries allowed)

- Device Type
- Doctor
- Hospital
- Reason
- Date
- Comments

Family Member History (multiple entries allowed)

- Relationship
- Birthplace
- Date of birth
- Current health status
- If deceased
 - Age at death
 - Cause of death
- Comments

- Family general history
 - Condition check boxes

- Social history
 - Tobacco use (number of packs per day)
 - Alcohol use (number of drinks per day)
 - Substance abuse

Foreign Travel (multiple entries allowed)

- Country
 - Dates
 - From
 - To
 - Comments

Therapy (multiple entries allowed)

- Therapy type
- Start date
- Stop date
- Frequency
- Therapist
- Administered by

Vital Signs (multiple entries allowed)

- To be determined

Vision (multiple entries allowed)

- To be determined

Dental (multiple entries allowed)

- To be determined

Miscellaneous

- Audit log
 - Access date and time
 - Accessed by
 - Information changed (yes or no)
 - Changed from and to

Potential Field Lists

- Healthcare providers
 - Acupuncturist
 - Allergist (immunologist)
 - Anesthesiologist
 - Cardiac electro physiologist
 - Cardiologist
 - Cardiovascular surgeon
 - Certified diabetes educator
 - Chiropractor

- Clinic
- Colon and rectal surgeon
- Dental hygienist
- Dentist
- Dermatologist
- Developmental pediatrician
- Doctor of osteopathy
- Emergency medicine specialist
- Endocrinologist
- Family practice physician
- Gastroenterologist
- General practitioner
- Geriatric medicine specialist
- Gynecologist
- Hematologist
- Hepatologist
- Hospital
- Infectious disease specialist
- Internist
- Licensed mental health counselor
- Licensed nurse
- Medical geneticist
- Medical oncologist
- Naturopathic doctor
- Neonatologist
- Nephrologist
- Neurological surgeon
- Neurologist
- Nuclear medicine specialist
- Nurse anesthetist
- Nurse practitioner
- Nurse-midwife
- Obstetrician
- Occupational medicine specialist
- Occupational therapist
- Ophthalmologist
- Optometrist
- Oral surgeon
- Orthopedic surgeon
- Otolaryngologist
- Pain management specialist
- Pathologist
- Pediatrician
- Perinatologist
- Pharmacy
- Psychiatrist
- Physical therapist

- Plastic surgeon
 - Podiatrist
 - Preventive medicine specialist
 - Psychiatrist
 - Psychologist
 - Pulmonologist
 - Radiation oncologist
 - Radiologist
 - Registered dietitian
 - Registered nurse
 - Respiratory therapist
 - Rheumatologist
 - Sleep disorders specialist
 - Speech-language pathologist
 - Sports medicine specialist
 - Surgeon
 - Thoracic surgeon
 - Urologist
 - Vascular surgeon
- Insurance types
 - Group medical
 - Group dental
 - Group prescription
 - Group life
 - Group disability
 - Group accidental death
 - Medical (primary)
 - Medical (supplemental)
 - Dental
 - Vision
 - Prescription drug
 - Prescription drug (supplemental)
 - Life
 - Accidental death
 - Disability
 - Homeowners
 - Renters
 - Auto
- Legal documents
 - Last will and testament
 - Living will
 - Living trust
 - Healthcare proxy
 - Durable power of attorney—health
 - Durable power of attorney—financial

- Do not resuscitate—medical directive
- Organ donation—medical directive
- General conditions
 - Acquired immunodeficiency (AIDS/HIV)
 - Alcohol use, alcoholism
 - Allergies
 - Alzheimer’s disease
 - Arthritis, rheumatism
 - Asthma, bronchitis, emphysema
 - Blood, circulation, transfusion
 - Cancer, tumor
 - Depression
 - Diabetes, hypoglycemia
 - Digestive system disorder
 - Dizziness, fainting
 - Drug sensitivities
 - Epilepsy, seizures
 - Eye disorder, glaucoma
 - Frequent or severe headache
 - Hearing impairment
 - Heart condition, chest pain, pounding heart
 - High blood cholesterol
 - Hypertension, high blood pressure
 - Jaundice, hepatitis
 - Kidney disease, stones, hemodialysis
 - Liver disorder
 - Low blood pressure
 - Major surgery
 - Mental retardation
 - Musculoskeletal disorder
 - Paralysis
 - Periods of unconsciousness
 - Reproductive system disorder
 - Respiratory system disorder
 - Rheumatic fever
 - Sexually transmitted diseases
 - Shortness of breath
 - Stomach, liver, intestinal problems
 - Stroke
 - Thyroid problems
 - Tobacco use
 - Tuberculosis
 - Urinary, prostate
- Blood types
 - Type

- A positive
- A negative
- B positive
- B negative
- AB positive
- AB negative
- O positive
- O negative
- Unknown

➤ Allergies and drug sensitivities

○ Foods

- Dairy products
- Egg whites
- Fish
- Milk
- Peanuts
- Sesame seeds
- Shellfish (e.g., shrimp, lobster)
- Soy
- Tree nuts (e.g., almond, walnut, hazel, Brazil, and cashews)
- Wheat

○ Medications

- Anticonvulsants
- Aspirin
- Barbiturates
- Beta-blocker medications
- Ibuprofen
- Insulin
- Iodine
- Penicillin
- Sulfa drugs

○ External

- Bee stings
- Cosmetics
- Dust mites
- Insect stings
- Latex
- Mold spores
- Pet dander
- Poison ivy
- Poison oak
- Poison sumac
- Pollen
- Wasp stings

➤ Immunizations

○ Shortened name

- Anthrax
- BCG Live
- Diphtheria and tetanus
- Diphtheria, tetanus toxoids, acellular pertussis
- Diphtheria, tetanus toxoids, acellular pertussis, hepatitis B
- Haemophilus b
- Haemophilus b and hepatitis B
- Hepatitis A
- Hepatitis A and hepatitis B
- Hepatitis B
- Influenza
- Influenza (types A and B)
- Japanese encephalitis
- Measles
- Measles and mumps
- Measles, mumps, and rubella
- Meningococcal polysaccharide
- Mumps
- Pneumococcal
- Poliovirus
- Rabies
- Rubella
- Smallpox
- Tetanus and diphtheria
- Tetanus
- Typhoid
- Varicella
- Yellow fever

○ Full name

- Anthrax vaccine adsorbed
- BCG Live
- Diphtheria and tetanus toxoids adsorbed
- Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed
- Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed, hepatitis B (recombinant) and inactivated poliovirus vaccine combined
- Haemophilus b conjugate vaccine (diphtheria CRM197 protein conjugate)
- Haemophilus b conjugate vaccine (meningococcal protein conjugate)
- Haemophilus b conjugate vaccine (tetanus toxoid conjugate)
- Haemophilus b conjugate vaccine (meningococcal protein conjugate) and hepatitis B vaccine (recombinant)
- Hepatitis A vaccine, inactivated
- Hepatitis A inactivated and hepatitis B (recombinant) vaccine
- Hepatitis B vaccine (recombinant)

- Influenza virus vaccine, live, intranasal
- Influenza virus vaccine, trivalent, types A and B
- Japanese encephalitis virus vaccine inactivated
- Measles virus vaccine, live
- Measles and mumps virus vaccine, live
- Measles, mumps, and rubella virus vaccine, live
- Meningococcal polysaccharide vaccine, groups A, C, Y, and W-135 combined
- Mumps virus vaccine live
- Pneumococcal vaccine, polyvalent
- Pneumococcal 7-valent conjugate vaccine (diphtheria CRM197 protein)
- Poliovirus vaccine inactivated (human diploid cell)
- Poliovirus vaccine inactivated (monkey kidney cell)
- Rabies vaccine
- Rabies vaccine adsorbed
- Rubella virus vaccine live
- Smallpox vaccine, dried, calf lymph type
- Tetanus and diphtheria toxoids adsorbed for adult use
- Tetanus toxoid
- Tetanus toxoid adsorbed
- Typhoid vaccine live oral Ty21a
- Typhoid vi polysaccharide vaccine
- Varicella virus vaccine live
- Yellow fever vaccine