

Patient Medication List

Patient Name:	Date of Birth:	Sex: (circle one) Male Female
Height:	Weight:	Pharmacy: (Name/Telephone)
Allergies/Adverse effects to Medication:	Medical Providers: (Name/Address/Telephone)	Immunizations: (Month/Year) Flu Vaccine _____ Pneumonia _____ Tetanus _____

1. Complete the patient information section above (including significant allergies or adverse reactions to medications)
2. Maintain an up-to-date list of all your medications (including OTC, herbal, or natural medications; vitamins and minerals)
3. Present this list to all your providers

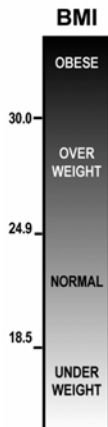
Name of Medicine (brand or generic) – Dose (mg, puffs, drops) – Schedule (times per day, etc.)	Date Started / Stopped	Reason to use medication – Comments

Know Your Numbers

Body mass index (BMI) is a measure of body fat based on weight and height. A higher BMI means increased risk for some diseases.

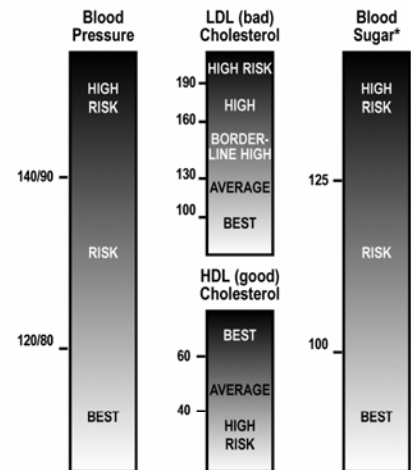
$$BMI = \left[\frac{\text{weight in pounds}}{\text{height in inches}^2} \right] \times 703$$

Date	Height	Weight	BMI



Use this chart to record your numbers during a medical visit. Ask your doctor what your targets should be and how often they should be checked.

Date	Blood Pressure	Cholesterol LDL / HDL / Triglycerides	Blood Sugar
	/		
	/		
	/		
	/		
	/		
	/		
	/		
	/		



Provided as a general guideline. Only a physician can determine your personal health status.
*Based on a Fasting Plasma Glucose Test. Sources: American Diabetes Association, American Heart Association.