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Your medicines, doses, and why you take them

[illegible]

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[illegible]

Schedule of Medical Appointments

[illegible]

My Immunization Record

Always carry this record with you and have your health professional or clinic keep it up to date.

	Type of Vaccine	Date Given mo/day/yr	Location	Date Next Dose Due
Pneumococcal				
Influenza				
MMR		1		
		2		
Varicella		1		
		2		
Zoster		1		
Td Tdap				
Hep B		1		
		2		
		3		
Hep A		1		
		2		

Patient Record of Vitals

[illegible]

Patient Record of Vitals

[illegible]

Cholesterol Check

Date	Total Cholesterol	HDL	LDL	Triglycerides

Surgeries and Procedures

Date	Procedure	Physician

Blood Glucose

My target blood glucose (blood sugar) ranges are:

_____ mg/dl to _____ mg/dl before meals

Less than _____ mg/dl two hours after meals

Week starting _____

	Breakfast		Lunch		Dinner		Bedtime		Other		NOTES
	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	Dose	
SUN											
SAT											
FRI											
THURS											
WED											
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