

Know Your Numbers!



My Name: _____

My Health Care Provider: _____

Clinic Phone #: _____

My Medical Conditions: _____

My Allergies: _____

My Medication List:

DRUG NAME	DOSE	HOW OFTEN

Other: _____



Medical Tests

TEST	GOAL	DATE/ RESULT	DATE/ RESULT	DATE/ RESULT
Total Cholesterol (at least once/year)	< 200 is optimal			
HDL—"good" cholesterol (once/year)	> 40; 60 is optimal			
LDL—"bad" cholesterol (once/year)	< 100 is optimal			
Triglycerides (once/year)	< 150 is optimal			
Blood Pressure (every visit)	< 120/80 is optimal			
Weight or BMI (every visit)	18.5–24.9 (normal BMI)			
Mammogram (Women 40 and older – once/year)				
Pap Smear (Women all ages – once/year)				
Fecal Occult Blood Test (50 and older – once/year)				
Additional Preventive Care				

Immunizations

	DATE	DATE	DATE	DATE
Tetanus Shot (every 10 years)				
Flu Shot (once/year–Fall)				

For Diabetics Only

TEST	GOAL	DATE/ RESULT	DATE/ RESULT	DATE/ RESULT
Hemoglobin A1c (every 3-6 months)	7.0 or less			
Urine test for protein (once/year)				
Dilate eye exam (once/year)				
Foot exam by Doctor (every visit)				
Pneumonia shot (once in a lifetime)				