

# Basic Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Illnesses or Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctors' Names and Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance Company and Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Checkups and Tests Record

Use this record to write down the date you receive the tests and the results. Try to remember to bring the booklet with you each time you see a doctor.

This record will also help you keep track of when you need your next test or checkup.

Checkup/Test	Date/Results					
Blood Pressure						
Blood Sugar						
Bone Density						
Cholesterol						
Dental Visits						
Hearing						
Tuberculosis						
Vision						
Weight						

# Cancer Tests Tracker

Type of Test/Exam	Date/Results					
<b>Colorectal Cancer Test</b>						
<b>Mammogram</b>						
<b>Oral Cancer Exam</b>						
<b>Pap Test</b>						
<b>Prostate Cancer Test/Exam</b>						

# Shots Chart

Immunization (Shot)	How Often	Date(s) Received							
Tetanus-Diphtheria	Every 10 years								
Flu	Every year after age 50 or sooner if at risk (see p. 50.)								
Pneumonia	Once at age 65 or sooner if at risk (see p. 50.)								
Hepatitis B	If at risk (see p. 50.)								

# Medicine Minder

Write down the name of each medicine you take, the reason you take it, and when you start and stop in the spaces below. Add new medicines when you

get them. You can show the list to your doctor and pharmacist. You may want to make copies of the blank form so you can use it again.

Name of Medicine	Reason Taken	Date Started	Date Stopped