

Keep track of your health

Personal information

Name: _____

Birthdate: _____

Physician: _____

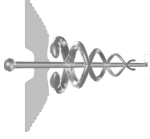
Vaccine/Exam	Date	Doctor/Location
Flu vaccine		
H1N1 vaccine		
Pneumonia vaccine		
Mammogram		
Colorectal screen		
Prostate check		

Health stats

Date	Blood Pressure	Weight	Blood Sugar	Cholesterol

Medications	Dose	How often

Drug Allergies



Keep track of your health

Personal information

Name: _____

Birthdate: _____

Physician: _____

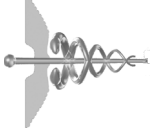
Vaccine/Exam	Date	Doctor/Location
Flu vaccine		
H1N1 vaccine		
Pneumonia vaccine		
Mammogram		
Colorectal screen		
Prostate check		

Health stats

Date	Blood Pressure	Weight	Blood Sugar	Cholesterol

Medications	Dose	How often

Drug Allergies



Keep track of your health

Personal information

Name: _____

Birthdate: _____

Physician: _____

Vaccine/Exam	Date	Doctor/Location
Flu vaccine		
H1N1 vaccine		
Pneumonia vaccine		
Mammogram		
Colorectal screen		
Prostate check		

Health stats

Date	Blood Pressure	Weight	Blood Sugar	Cholesterol

Medications	Dose	How often


Drug Allergies

Procedures/Surgeries

Notes

Emergency contact(s)

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Name: _____
 Home Phone: _____
 Cell Phone: _____




This material was prepared by VHQC, the Quality Improvement Organization Support Center for Communications under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. VHQC/CommQIOSC/1/15/2010/923

Procedures/Surgeries

Notes

Emergency contact(s)

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Name: _____
 Home Phone: _____
 Cell Phone: _____




This material was prepared by VHQC, the Quality Improvement Organization Support Center for Communications under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. VHQC/CommQIOSC/1/15/2010/923

Procedures/Surgeries

Notes

Emergency contact(s)

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Name: _____
 Home Phone: _____
 Cell Phone: _____



This material was prepared by VHQC, the Quality Improvement Organization Support Center for Communications under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. VHQC/CommQIOSC/1/15/2010/923