

Emergency Contact Phone

Address

Name

MY HEALTHBOOK

|  |  |  |  |
| --- | --- | --- | --- |
|  **Medicine****Name** |  **Dose****Instruction** |  **Date started** | **Reason** |
| e.g Metformin | 1 tab twice a dayOne before breakfast and one before dinner | 2003 | Diabetes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Medicine****Name** |  **Dose Instruction** |  **Date started** | **Reason** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|   |  |  |  |

|  |
| --- |
| **Blood Glucose** |
| **Date** |  **Fasting/Before meal (mg/dL)** | **After meal****(mg/dL)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Blood Pressure (mm of Hg)** |  |  |
|  Date | Systolic/Diastolic |  Date | Systolic/Diastolic |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |