A picture containing table, plate, food, small

Description automatically generated

Emergency Contact Phone

Address

Name

MY HEALTHBOOK

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine**  **Name** | **Dose**  **Instruction** | **Date started** | **Reason** |
| e.g Metformin | 1 tab twice a day  One before breakfast and one before dinner | 2003 | Diabetes |
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| **Medicine**  **Name** | **Dose Instruction** | **Date started** | **Reason** |
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| **Blood Glucose** | | |
| **Date** | **Fasting/Before meal (mg/dL)** | **After meal**  **(mg/dL)** |
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| **Blood Pressure (mm of Hg)** | |  |  |
| Date | Systolic/Diastolic | Date | Systolic/Diastolic |
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