A picture containing table, plate, food, small

Description automatically generated

Emergency Contact Phone

Address

Name

MY HEALTHBOOK

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| **Medicine**  **Name** | **Dose**  **Instruction** | **Reason** |
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| **Blood Glucose (mg/dL or mmols/L)** | | |
| **Date** | **Fasting/Before meal** | **After meal** |
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| **Medicine**  **Name** | **Dose**  **Instruction** | **Reason** |
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| **Blood Pressure (mm of Hg)** | | | |
| Date | Systolic/Diastolic | Date | Systolic/Diastolic |
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