

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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