



MY HEALTHBOOK

Name

Address

Emergency Contact Phone

Medicine Name	Dose Instruction	Date started	Reason
e.g Metformin	1 tab twice a day One 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