



## My Health Notes

Be prepared and make use of the time you have with your health care provider. Keep track of your important medical information as well as any questions or concerns that may arise between visits. Be prepared to share information about your medications and other components of your recovery plan. Keep a record of your screening and test results and become your own medical self-advocate.

**Concerns or questions** I want to address with my health care provider include (List and number in order of importance):

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**My current prescriptions and health strategies include:**

Current medication	Dosage/day	Interventions/strategies

**My routine health tests/indicators/screenings**

(Note: not all of these will apply; reference those that relate to your individual condition.)

Item	Date - Measure	Date - Measure	Date - Measure
<b>Blood Pressure</b> (<140/<90 is ideal)			
<b>Cholesterol/Triglycerides</b> (<100 mg/dl / ~60 mg/dl is ideal)			
<b>Diabetes Screening</b> (fasting blood glucose)			
<b>Waist Measurement</b> (<40" men; <35" women is ideal)			
<b>Weight:</b>			
<b>Other:</b>			