

Basic Information

Name: _____

Address: _____

Telephone: _____

Emergency Contact: _____

Allergies: _____

Past Illnesses or Operations: _____

Doctors' Phone Number(s): _____

Medical Insurance Company and Number(s): _____

Checkups and Tests Record

Use this record to write down the date you receive the tests and the results. Try to remember to bring the booklet with you each time you see a doctor.

This record will also help you keep track of when you need your next test or checkup.

Checkup/Test	Date/Results					
Blood Pressure						
Blood Sugar						
Bone Density						
Cholesterol						
Dental Visits						
Hearing						
Tuberculosis						
Vision						
Weight						

Cancer Tests Tracker

Type of Test/Exam	Date/Results					
Colorectal Cancer Test						
Mammogram						
Pap Test						
Prostate Cancer Test/Exam						
Oral Cancer Exam						

Shots Chart

Immunization (Shot)	How Often	Date(s) Received							
Tetanus-Diphtheria	Every 10 years								
Measles-Mumps-Rubella (for adult women born after 1956 and able to become pregnant)	At least once (See p. 51)								
Flu	Every year after age 50 or sooner if at risk (See p. 52)								
Pneumonia	Once at age 65								
Hepatitis B	If at risk (See p. 52)								

Medicine Minder

Write down the name of each medicine you take, the reason you take it, and when you start and stop in the spaces below. Add new medicines when you

get them. You can show the list to your doctor and pharmacist. You may want to make copies of the blank form so you can use it again.

[illegible]