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Medicine from my doctor
List medicine that were given to you by your doctor(s).

Name of medicine	Dose/How often	Date started	Why taken	Doctor's name/Phone
Fexofenadine HCL	180 mg/ Once a day	March 2006	Allergies	Colin D. Morning/ 555-1234

Other products I take
List non-prescription drugs, herbs (lā'au), or supplements (vitamins).

Name of medicine	Dose	How often	Why taken	How I got it
Centrum Silver	1 tablet	Once a day	Vitamin	Drugstore

Printed in China

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

In case of emergency, call…

Name _____ **Relationship** _____

Phone _____

Allergies _____

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My Diabetes Care Record
Keep track of your test results each time you visit your health care provider.

Date of clinic visit:	1/23/01											
Weight:	160 lbs											
Blood glucose (blood sugar):	88											
Blood pressure	120/70											
Foot check:	ok											
A1C:	6											
Cholesterol (LDL):	95											
Kidney check:	ok											
Flu shot:	/											

Record the dates of your visits with special health care providers.

Dental exam: Recommended two times a year	3/12/01					
Dilated eye exam: Recommended once a year	2/28/01					
Complete foot exam: Recommended once a year	1/25/01					