

Your Health Journal

Name of Family Member: _____

Date of Birth: _____

	Date of Last Appointment and Notes	Date of Next Appointment and Notes	Date of Next Appointment and Notes	Date of Next Appointment and Notes
General Practitioner (or Pediatrician) Name: _____ Phone: _____				
Dentist/orthodontist Name: _____ Phone: _____				
OB/GYN Name: _____ Phone: _____				
Optometrist/Ophthalmologist Name: _____ Phone: _____				
Dietitian/Nutritionist Name: _____ Phone: _____				
Other: Healthcare Specialty: _____ Name: _____ Phone: _____				
Other: Healthcare Specialty: _____ Name: _____ Phone: _____				

General Information

Key Statistics (as of last medical checkup)

Height: _____

Weight: _____

Body Mass Index (weight (lb) / height (in)² x 703): _____

Medical Test Results (and note date of next test)

Blood Pressure: _____

Blood Cholesterol Level: _____

HDL _____ LDL _____

Thyroid: _____

Blood Glucose: _____

Bone Density: _____

Mammogram: _____

Hemoglobin A1c: _____

Prostate: _____

Colonoscopy: _____

Pap Smear: _____

Skin Cancer: _____

Lung Cancer: _____

Other: _____

Immunization History

	Date Received	Next Scheduled (If applicable)
Tetanus and Diphtheria		
Whooping cough		
Measles, Mumps and Rubella		
Chicken pox/Shingles		
Flu		
Pneumococcal Polysaccharide		
Hepatitis A		
Hepatitis B		
Meningitis		
Other (Typhoid, Cholera, Rabies, etc. for travelers or healthcare workers)		

Known Allergies or Reactions

Food Allergies: _____

Environmental Allergies: _____

Drug or Medical Allergies
(Penicillin, Latex etc.): _____

Medications Taken

	Name	Dosage	Dates Taken/Ongoing
Prescription			
Over-The-Counter			
Vitamins, Supplements or Herbals			

Contact Information

	Name/Location	Phone Number	Notes
Pharmacy/Pharmacist			

My Family's Medical History

List incidents of cancer, heart disease, diabetes, alzheimer's disease, asthma, arthritis, kidney disease or other serious illness. If person is deceased, indicate age at death and cause of death.

	My Family	My Partner's Family
Maternal Grandmother		
Maternal Grandfather		
Paternal Grandmother		
Paternal Grandfather		
Mother		
Father		
Sister Niece Nephew		
Brother Niece Nephew		
Aunt/Uncle		
Other		