

# Patient Medication List

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Sex:</b> (circle one) Male                  Female
<b>Height:</b>	<b>Weight:</b>	<b>Pharmacy:</b> (Name/Telephone)
<b>Allergies/Adverse effects to Medication:</b>	<b>Medical Providers:</b> (Name/Address/Telephone)	<b>Immunizations:</b> (Month/Year)  Flu Vaccine _____ Pneumonia _____ Tetanus _____

1. Complete the patient information section above (including significant allergies or adverse reactions to medications)
2. Maintain an up-to-date list of all your medications (including OTC, herbal, or natural medications; vitamins and minerals)
3. Present this list to all your providers

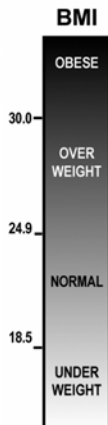
<b>Name of Medicine</b> (brand or generic) – <b>Dose</b> (mg, puffs, drops) – <b>Schedule</b> (times per day, etc.)	<b>Date Started / Stopped</b>	<b>Reason to use medication – Comments</b>

## Know Your Numbers

**Body mass index (BMI)** is a measure of body fat based on weight and height. A higher BMI means increased risk for some diseases.

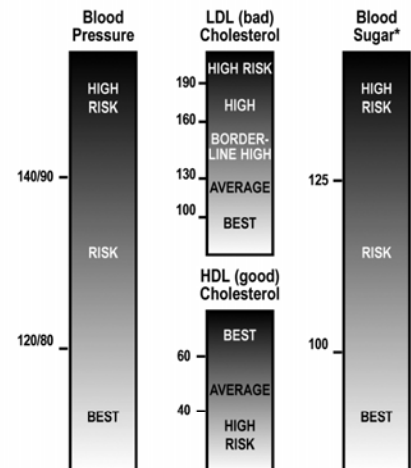
$$BMI = \left[ \frac{\text{weight in pounds}}{\text{height in inches}^2} \right] \times 703$$

Date	Height	Weight	BMI



Use this chart to record your numbers during a medical visit. Ask your doctor what your targets should be and how often they should be checked.

Date	Blood Pressure	Cholesterol LDL / HDL / Triglycerides	Blood Sugar
	/		
	/		
	/		
	/		
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	/		
	/		
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	/		



Provided as a general guideline. Only a physician can determine your personal health status.  
\*Based on a Fasting Plasma Glucose Test. Sources: American Diabetes Association, American Heart Association.