My Medications

prescriptions, patches, supplements, herbals, vitamins,

My Pharmacy Name	Phone Number		
Allergies:			

Current Medication	Date Started	Dosage (how much you take)	Frequency (how often you take it)	Reason (why you take it)	Blood Glucose Ranges (fasting) Less than 100 mg/dL Normal 100-125 ml/dL Pre-diabetes 126 or higher Diabetes
					Blood Pressure Ranges Less than 120/80 Optimal 120-139/80-89 Prehypertension (increased risk for developing high BP) 140-90 or higher High Blood Pressure
					Cholesterol Ranges Total Blood Cholesterol Less than 200 mg/dL Desirable 200-239 mg/dL Borderline high 240 mg/dL or higher High
					Your actual LDL goal depends on your other heart disease risk factors. Talk to your provider. Less than 100 mg/dL Optimal 100-129 mg/dL Near/
					Above Optimal 130-159 mg/dL Borderline High 160-189 mg/dL High 190 mg/dL or higher Very High
					HDL Less than 40 mg/dL for men and less than 50 mg/dL for women increases the risk for heart disease. An HDL level of 60 mg/dL or more helps lower your risk for heart disease.
I Know M	v Numb	ore			Triglycerides

I Know My Numbers

Date of Screening

Blood Glucose

Blood Pressure

Total Cholesterol

- LDL
- HDL
- Triglycerides

Weight

BMI

Less than 150 mg/dL Normal

150-199 mg/dL Borderline High

200-499 mg/dL High 500 mg/dL or higher Very High

BMI Ranges (Body Mass Index)

Below 18.5 Underweight 18.5-24.9 Normal 25.0-29.9 Overweight 30.0 and over Obese

Morbidly Obese 35 and over

To find a provider or a specialist, please call 1-888-569-1000.



In case of emergency, please call 9-1-1.

Please update this card regularly, present it to your healthcare provider at each visit and carry it with you at all times.

ABOUT ME						
Name						
Address						
City	State	ZIP				
Phone	Date of birt	Date of birth				
Emergency contacts						
Name	Relationship	Phone number				
Name	Relationship	Phone number				
Blood type:	Smoker:	□Yes □No				
Phone:	Y MEDICAL HI					
Surgery or Medical Co	ondition	Date				
1.						
2.						
3.						
4.						
5.						
6.						

Know the Signs of Stroke

- Face Ask the person to smile.
 Does one side of the face droop?
- Arms Ask the person to raise both arms. Does one arm drift downward?
- Speech Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- Time If you observe any of these signs, call 9-1-1 immediately.

Know the Signs of a Heart Attack "The Beginnings" of heart attack symptoms:

- Nausea
- Pain down one or both arms
- · Jaw pain
- Fatique
- Anxiety
- Chest pressure, squeezing, discomfort
- Back pain
- Shortness of breath (with or without exertion)
- Feeling full
- Feeling of impending doom
- Heart burn, indigestion
- Breaking out in a cold sweat

To find a provider or a specialist, please call 1-888-569-1000.

8.

9.

10.