

Your Health Journal



*Keeping Track
of Your Health*

Your Health Journal



THE BASICS

Name: _____

Height: _____

Weight: _____

Date of birth: _____

Primary doctor: _____

Contact info: _____

Specialist: _____

Contact info: _____

Specialist: _____

Contact info: _____

Specialist: _____

Contact info: _____

Specialist: _____

Contact info: _____

Pharmacy: _____

Contact info: _____

Health insurance: _____

Policy number: _____

Contact info: _____

Vision insurance: _____

Policy number: _____

Contact info: _____

Dental insurance: _____

Policy number: _____

Contact info: _____

Social Security Number: _____

Blood Type: _____

Date of last physical exam: _____

Medication allergies: _____



YOUR HEALTH NOW

Existing Conditions

Write down every SIGNIFICANT ailment or condition that you have RIGHT NOW.

Ailment/Condition	Current treatment or current medication you're taking for it (include name, dosage, and frequency)	Other info (name of specialist, surgery type and date, etc.)

Current Health

- ✓ Are any specific health conditions/symptoms bothering you? What are the symptoms? When did they start?

- ✓ Are you on a special or restricted diet?

- ✓ Are you under medical care? For what?

Current Medications

(Prescribed meds, herbal supplements, vitamins, over-the-counter drugs—everything that you are taking on a regular basis for any reason at all)

Name of medication	Dosage and frequency	Date you began taking it	The reason you're taking it	Prescribing physician (with contact info)	Special instructions (e.g., take with liquid or food)

Current Medical Symptoms

Context and length of illness can often be important clues, and many patients don't think to really record when things start and how they feel.

Date	Description of symptoms (include timing, duration, location, intensity, and provoking events)	Action

