

# ANNUAL HEALTH TRACKER

DATE

CIRCLE ONE

MICROALBUMIN/KIDNEY SCREENING

/ /

(<30mg) NORMAL ABNORMAL (>30 mg)

TOTAL CHOLESTEROL

/ /

(<200 mg/dL) NORMAL ABNORMAL (>200 mg/dL)

LDL CHOLESTEROL

/ /

(<100 mg/dL) NORMAL ABNORMAL (>100 mg/dL)

TRIGLYCERIDES

/ /

(<150 mg/dL) NORMAL ABNORMAL (>150 mg/dL)

HDL CHOLESTEROL

/ /

NORMAL ABNORMAL

(<40 mg/dL for men; <50 mg/dL for women) (>40 mg/dL for men; >50 mg/dL for women)

NAME

GOALS

DOCTOR

PHARMACY

EMERGENCY CONTACT

ON CHOLESTROL-LOWERING MEDICINE?

CIRCLE: YES NO

REASON:

ON ACE OR ARB MEDICINES?

CIRCLE: YES NO

REASON:

FLU VACCINE THIS SEASON?

CIRCLE: YES DATE: / /

REASON:

PNEUMONIA VACCINE?

CIRCLE: YES DATE: / /

REASON:

ON BETA-BLOCKER MEDICINE?

CIRCLE: YES NO

REASON:

HAVE HEART FAILURE AND HAD ECHOCARDIOGRAM IN PAST?

CIRCLE: YES NO

YES/NO AND INR  2-3  2.5-3.5

DO YOU TAKE WARFARIN/COUMADIN?

CIRCLE: YES NO

AND INR\*  2-3  2.5-3.5

DIABETIC FOOT EXAMINATION

DATE: / /

CIRCLE: NORMAL ABNORMAL

DILATED EYE EXAMINATION

DATE: / /

CIRCLE: NORMAL ABNORMAL

DO YOU USE TOBACCO PRODUCTS?

CIRCLE: YES NO

(M > 45; F > 55)

TYPE AMOUNT

\*BLEEDING TIME TEST

# Annual Health Tracker



# Keep track of your health!

Use this card to help you keep track of your health-related exams and tests, including their results, as well as vaccinations, medications and so forth.

Also, take a moment to think of any health-related goals you may have and write them in the space provided to help you stay focused on making healthy choices. Be sure to discuss these goals with your health care providers to get their input on how to achieve them.

	DATE		DATE		DATE	
<b>A1C RESULT:</b>	/	/	/	/	/	/
<b>HIGH: OVER 9</b>	/	/	/	/	/	/
<b>INTERMEDIATE: 7 - 9</b>	/	/	/	/	/	/
<b>IN CONTROL: &lt; 7</b>	/	/	/	/	/	/
<b>SYSTOLIC BP (TOP #):</b>	/	/	/	/	/	/
<b>ELEVATED: OVER 130</b>	/	/	/	/	/	/
<b>LESS THAN OR EQUAL TO 130</b>	/	/	/	/	/	/
<b>DIASTOLIC BP (LOWER #)</b>	/	/	/	/	/	/
<b>ELEVATED: GREATER THAN 80</b>	/	/	/	/	/	/
<b>LESS THAN OR EQUAL TO 80</b>	/	/	/	/	/	/

	DATE		DATE		DATE	
<b>BODY MASS INDEX</b>	/	/	/	/	/	/
<b>MORBIDLY OBESE*:</b>	/	/	/	/	/	/
<b>OBESE: &gt; 30+</b>	/	/	/	/	/	/
<b>OVERWEIGHT: 25 - 29.9</b>	/	/	/	/	/	/
<b>NORMAL: 18.5 - 24.9</b>	/	/	/	/	/	/
<b>UNDERWEIGHT: &lt; 18.5</b>	/	/	/	/	/	/
<b>WAIST MEASURED IN INCHES</b>	/	/	/	/	/	/
<b>HI RISK: MEN 40" OR &gt;</b> <b>HI RISK: WOMEN 35" OR &gt;</b>	/	/	/	/	/	/
<b>NML RISK: MEN &lt; 40"</b> <b>NML RISK: WOMEN &lt; 35"</b>	/	/	/	/	/	/

\* 100 lbs. + OVER IDEAL BODY WEIGHT OR 40+ BMI