

# Personal Health Record








Use pencil. Update regularly.

## My Name

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## Phone Numbers

	Doctor:	Phone
	Hospital:	Phone
	Dentist:	Phone
	Pharmacy:	Phone
	Family or friend:	Phone

## Allergies

Including drug allergies

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## My Health Goals

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## Questions for my Doctor

Issues & Concerns

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## Medications & Supplements

Name

Dose

How Often?

Reason

1.

2.

3.

4.

5.

6.

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