

Personalized Patient Health Sheet

Patient's name: _____ Date: _____

Use this sheet to track and share your routine with your healthcare providers.

MEDICATIONS & SUPPLEMENTS				
Medication:	Type:	Dose:	Taken:	Special instructions
	Thienopyridine (antiplatelet)		<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
	Aspirin (antiplatelet)		<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
	Blood pressure		<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
	cholesterol		<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
			<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
			<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
			<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	
			<input type="radio"/> am <input type="radio"/> pm <input type="radio"/> _____	

PHYSICIANS		
Physician Name & Specialty		
Ex. Dr. James Smith: Cardiologist/Heart Dr.		

EXERCISE

Follow this exercise routine to help keep your heart in shape.

Activity: _____
 _____ minutes _____ times/week

Activity: _____
 _____ minutes _____ times/week

Special instructions: _____

Always consult a physician prior to ending or beginning an exercise program.

DIET

Utilize these tips for heart-healthy foods

Foods to eat: _____

Foods to avoid: _____

Special instructions: _____

REMINDERS

Keep track of important dates and tasks

Upcoming doctor's appointments

Prescription refills

Test blood pressure _____ times per

Day Week Month

Test blood sugar _____ times per day