Basic Health Information

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____ Blood Type: _____ Donor: ☐ Yes ☐ No

Allergies

Shots & Vaccinations	Date

Emergency Contact Information

Name	Relationship	Phone Number

Blood Pressure Log

Name: _____

Month: _____

My blood pressure is typically fairly:

☐ High ☐ Low

Blood Pressure Key	Systolic	Diastolic
Normal	120	80
Mild Hypertension	140-160	90-100
Moderate Hypertension	160-200	100-120
Severe Hypertension	Above 200	Above 120

Date	Time	Blood Pressure	Notes
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		
	AM		
	PM		

Appointment Tracker

Date	Time	Physician/Dentist/etc.	Reason for Visit	Notes

Contact Information

Emergency Contact

Name	Phone Number	Relationship

Caregiver

Name	Phone Number	Agency

Nearest Hospital	
Name	
Address	
Phone Number	

Primary Care Physician	
Name	
Address	
Phone Number	

Therapist	
Name	
Address	
Phone Number	

Specialty Physician	
Name	
Address	
Phone Number	

Dentist	
Name	
Phone Number	

Other	
Name	
Phone Number	

Health Tracker

Personalize this tracking sheet for your current life circumstances.

This tracker is for: _____

Date	Time	Description (symptom, hours of sleep, type of migraine, etc.)	Notes