



### My Health Record (Attachment 3)

|  | Date | Date | Date | Date |
|--|------|------|------|------|
| Fasting Glucose  |      |      |      |      |
|  | Date | Date | Date | Date |
| Glucose Tolerance Test   |      |      |      |      |
|  | Date | Date | Date | Date |
| Weight   |      |      |      |      |
| Height   |      |      |      |      |
| BMI (Defined as weight in kilograms divided by the square of height in meters: $\text{kg/m}^2$ ) |      |      |      |      |
|  | Date | Date | Date | Date |
| Ophthalmology Visit (Eye Doctor)   |      |      |      |      |
|  | Date | Date | Date | Date |
| Podiatry Visit (Foot Doctor)   |      |      |      |      |
|  | Date | Date | Date | Date |
| Urine Albumin  |      |      |      |      |
|  | Date | Date | Date | Date |
| Blood Pressure   |      |      |      |      |



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|                           | Date | Date | Date | Date |
|---------------------------|------|------|------|------|
| <b>Electrolytes</b>       |      |      |      |      |
| Sodium (NA)               |      |      |      |      |
| Potassium (K)             |      |      |      |      |
| CO2                       |      |      |      |      |
| Chloride (CL)             |      |      |      |      |
| Blood Urea Nitrogen (BUN) |      |      |      |      |
| Creatinine (Cr)           |      |      |      |      |
|                           | Date | Date | Date | Date |
| <b>Urinalysis</b>         |      |      |      |      |
|                           | Date | Date | Date | Date |
| <b>Lipid Profile</b>      |      |      |      |      |
| LDL                       |      |      |      |      |
| Triglycerides             |      |      |      |      |
| HDL                       |      |      |      |      |
| Cholesterol               |      |      |      |      |
|                           | Date | Date | Date | Date |
| <b>Aspirin Use</b>        |      |      |      |      |
|                           | Date | Date | Date | Date |
| <b>Date last smoked</b>   |      |      |      |      |
|                           | Date | Date | Date | Date |
| <b>Blood Count</b>        |      |      |      |      |



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|                         |      |      |      |      |
|-------------------------|------|------|------|------|
| Hemoglobin              |      |      |      |      |
| White Blood Count       |      |      |      |      |
| Platelet Count          |      |      |      |      |
|                         | Date | Date | Date | Date |
| Sleep Duration          |      |      |      |      |
|                         | Date | Date | Date | Date |
| Ultrasound Thyroid      |      |      |      |      |
|                         | Date | Date | Date | Date |
| Thyroid Biopsy          |      |      |      |      |
|                         | Date | Date | Date | Date |
| Free T4                 |      |      |      |      |
| TSH                     |      |      |      |      |
| Free T3                 |      |      |      |      |
| Anti-thyroid Antibodies |      |      |      |      |
|                         | Date | Date | Date | Date |
| 25 Hydroxy D Level      |      |      |      |      |



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|                             | Date | Date | Date | Date |
|-----------------------------|------|------|------|------|
| <b>Serum Calcium Level</b>  |      |      |      |      |
|                             | Date | Date | Date | Date |
| <b>Bone Mineral Density</b> |      |      |      |      |
|                             | Date | Date | Date | Date |
| <b>Urinalysis</b>           |      |      |      |      |
|                             | Date | Date | Date | Date |
| <b>PSA</b>                  |      |      |      |      |
|                             | Date | Date | Date | Date |
| <b>Stress Thallium Test</b> |      |      |      |      |



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|                                  | Date | Date | Date | Date |
|----------------------------------|------|------|------|------|
| <b>Vaccinations</b>              |      |      |      |      |
| Influenza                        |      |      |      |      |
| Pneumovax                        |      |      |      |      |
| Tetanus                          |      |      |      |      |
| Diphtheria                       |      |      |      |      |
| Pertussis                        |      |      |      |      |
| Hepatitis A                      |      |      |      |      |
| Hepatitis B                      |      |      |      |      |
| Herpes Zoster                    |      |      |      |      |
| Meningococcal                    |      |      |      |      |
| Measles                          |      |      |      |      |
| Mumps                            |      |      |      |      |
| Rubella                          |      |      |      |      |
| Varicella                        |      |      |      |      |
|                                  | Date | Date | Date | Date |
| <b>Hematology/Oncology Visit</b> |      |      |      |      |
|                                  | Date | Date | Date | Date |
| <b>Pulmonary Visit</b>           |      |      |      |      |



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|                  | Date | Date | Date | Date |
|------------------|------|------|------|------|
| Gynecology Visit |      |      |      |      |
|                  | Date | Date | Date | Date |
| Pap Smear        |      |      |      |      |
|                  | Date | Date | Date | Date |
| Mammogram        |      |      |      |      |
|                  | Date | Date | Date | Date |
| Neurology Visit  |      |      |      |      |
|                  | Date | Date | Date | Date |
| Dental Visit     |      |      |      |      |

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**Medication List**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|