

My personal medical summary

This handout will help give you a snapshot of your health and wellness information. Make several copies so you can update the form each year, share the information with your physician and keep it in your medical file for easy reference.

Date _____ Age _____

Weight _____ Goal _____ Blood Pressure _____ Goal _____

Blood Glucose _____ Goal _____ % Body Fat or BMI _____ Goal _____

Total Cholesterol _____ HDL _____ LDL _____ Triglycerides _____ Goal _____

List current vitamin supplements you take

I currently exercise _____ times per week
and sleep about _____ hours each night

Ways I can improve stress management

I am due for the following health screenings

People I can count on for a social support system

I follow a diet rich in whole grains, fruits, vegetables,
low-fat dairy and lean protein

Yes No If no, list ways to improve your diet:

List all physicians and phone numbers



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