MEDICARE

MEDICATION DIARY AND BLOOD PRESSURE LOG (DIARIO DE MEDICINAS Y PRESIÓN ARTERIAL)

Name (Nombre)

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Allergies (Alergias)

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TMF Health Quality Institute

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Please take this card to all your doctor and hospital visits.
(Favor de llevar este diario de medicinas a todos sus visitas al doctor/hospital.)

Date Started (Fecha)	Medication (Medicina)	Reason (Razón)	Dose (Dosis)	Frequency (Frecuencia)

Please take this card to all your doctor and hospital visits.
(Favor de llevar este diario de medicinas a todos sus visitas al doctor/hospital.)

Date Started (Fecha)	Medication (Medicina)	Reason (Razón)	Dose (Dosis)	Frequency (Frecuencia)

Blood Pressure Log

Date (Fecha)							
Results (Resultados)							

Date (Fecha)							
Results (Resultados)							

My blood pressure goal is:

Mi meta de la presión arterial es: