



WELLNESS WORKSHEET 108

Your Personal Health Profile

Complete as much as possible of this personal health profile and keep it with Wellness Worksheets 99 and 100 (Personal Infectious Disease Record and Allergy Record) so that you have a complete record of your health status. Keep your profile up to date.

General Information

Age: _____

Blood lipid levels:

Height: _____

Total cholesterol: _____

Weight: _____

HDL: _____

Are you currently trying to _____ gain or
_____ lose weight? (check if appropriate)

LDL: _____

Triglycerides: _____

Blood pressure: _____ / _____

Blood glucose level: _____

Medical Conditions

Check any of the following that apply to you and add other conditions that might affect your health and well-being:

heart disease

back pain

depression, anxiety, or
another psychological disorder

lung disease

arthritis

diabetes

other injury or joint
problem

eating disorder

allergies

other: _____

asthma

substance abuse problem

other: _____

List any conditions or diseases that are common in your family and/or ethnic group (see Wellness Worksheets 8 and 45):

_____	_____
_____	_____
_____	_____

Medications/Treatments

List any medications or supplements you are taking or any medical treatments you are undergoing. Include the name of the substance or treatment and its purpose. Include both prescription and over-the-counter drugs and any vitamin, mineral, or other dietary supplement you are taking.

Medication/treatment:

Condition/purpose:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(over)

Screening Tests and Vaccinations

To ensure that you are getting the most out of your medical care, keep a record of your screening tests and vaccinations.

Screening test/immunization	Date last performed
Blood pressure check	
Cholesterol measurement	
Vision test	
Dental exam	
STD screening, including HIV test	
Pelvic exam and Pap test (women only)	
Clinical breast exam (women only)	
Tetanus/diphtheria/pertussis vaccination	
Influenza vaccination	
Varicella vaccination	
Zoster vaccination	
Measles, mumps, rubella (MMR) vaccination	
Pneumococcal (polysaccharide) vaccination	
Hepatitis A vaccination	
Hepatitis B vaccination	
HPV vaccination	
Meningococcal disease vaccination	
other:	
other:	

Health Care Providers

Primary care physician: name: _____ phone: _____

Specialist physician: name: _____ phone: _____

Condition treated: _____

Other health care provider: name: _____ phone: _____

Condition treated: _____

Pharmacy: name: _____ phone: _____

Dentist: name: _____ phone: _____

Optometrist/ophthalmologist: name: _____ phone: _____

Health insurance provider: name: _____ phone: _____

Policy number: _____

Dental insurance provider: name: _____ phone: _____

Policy number: _____

Vision care insurance provider: name: _____ phone: _____

Policy number: _____