PULSE
1-800-96PULSE

A PERSONAL MEDICAL DIARY

WWW.PULSEAmerica.org

PULSE of NY Inc.
PO Box 353
Wantagh, NY 11793

I Take The Following Prescriptions, Over The Counter Medications, Vitamins, and Herbals:

1. Please list all medications you may be taking. Include those ordered by your physician(s), as well as samples given to you.
2. Have your physician add the reason why you are taking your medication. •• 3. For your safety, try to fill in all the columns listed.
4. Put a line through any medication you stop taking.

Medication Name & Strength	Date Started	Date Stopped	Dosage & Directions	Special Instructions	Reason for Taking

I Had The Following Procedures/Tests/Surgeries:

DATE	NAME OF PROCEDURE	REASON FOR PROCEDURE	WHO PERFORMED IT (MD) WHERE	RESULT	FOLLOW UP DATE

NOTE: The information is intended solely for informational purposes only and is not internded as a substitute for a consultation with your physician.