

Personalized Patient Health Sheet

Keeping track of your daily routine can help keep your body and mind healthy.

Week of: _____



Medication & Supplements			Taken:							Special Instructions:
Medication:	Type:	Dose:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
1.	thienopyridine (antiplatelet)		/	/	/	/	/	/	/	
2.	aspirin (antiplatelet)		/	/	/	/	/	/	/	
3.	blood pressure		/	/	/	/	/	/	/	
4.	cholesterol		/	/	/	/	/	/	/	
5.			/	/	/	/	/	/	/	
6.			/	/	/	/	/	/	/	
7.			/	/	/	/	/	/	/	

If you have recently had a stent implanted in your coronary vessel, you may be taking some new medications. It is important to continue to take your oral antiplatelet, blood pressure, cholesterol and any additional medications prescribed by your doctor to help take care of your heart. You should not stop taking your medications unless advised to by your doctor.

Patient/caregiver to fill in additional medications and special instructions (i.e., take with or without food).

Exercise

Activity: _____
 _____ minutes _____ times/week

Activity: _____
 _____ minutes _____ times/week

Special Instructions: _____

Always speak with your doctor before starting or stopping an exercise program.

Diet

Foods to eat: _____

Foods to avoid: _____

Special Instructions: _____

