

Texercise Health Chart



Texercise, a health promotions initiative of the Texas Health and Human Services, provides resources to help Texans age and live well. Use this health chart to keep track of your medical visits and screening results. Keeping track of your health can help you identify changes and improvements in your health. Be sure to talk with your doctor if you notice differences from previous screening results.

Primary care doctor name:
number:

Primary care doctor telephone

Allergies (including drug allergies):

Current medication: Keep track of all medication (including allergy medications) and dosages you are taking.

Medication	Dosage

Regular check-ups: These screenings may be performed more than once a year at your regular doctor visits.

	1 st visit		2 nd visit		3 rd visit		4 th visit		5 th visit		6 th visit	
	Date	Result										
Weight												
Blood pressure												
Heart rate												
Glucose												
Cholesterol												



Periodic check-ups: Talk with your doctor to determine how often you need to have them.

	Hearing	Vision	Mammogram/prostate	Colonoscopy	Bone density
Date					
Date of next exam					

Immunization history: Talk with your doctor about any immunizations you may need. Below are common immunizations recommended for older adults.

Immunization	Date
Influenza (flu)	
Herpes Zoster (shingles)	
Diphtheria/tetanus	
Pertussis (whooping cough)	
Pneumococcal (pneumonia)	

Surgeries: Keep track of any surgeries, date they were performed as well as next follow-up appointments.

Surgery	Date of surgery	Date of follow-up

Family history: Knowing your family’s medical history can help you and your healthcare provider determine your risk for specific conditions, diagnose illnesses and create a plan for lifestyle changes. Check all that apply based on your families medical history.

- | | |
|--|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cancer Stroke | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Alzheimer’s | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Kidney disease | |

Health Goals: Now that you have your family’s medical history and your current health status, you can develop your health goals. Talk with your doctor to determine what is appropriate for you and how to achieve your goals.

- 1.
- 2.
- 3.