Diabetes Education and Wellness
1910 Route 35, Oakhurst, NJ 07755
Tel. 732-676-8381 Fax. 732-876 3059

Medication list

NAME:_____**Date:**_____

Allergies _____

Vaccinations: Flu shots? Yes__ No__ Date of last flu shot: _____

P**neumonia shot**? Yes__ No__ Date of last pneumonia shot: _____

Medication & Dose	Times Taken	Prescriber
Diabetes Pills: 1.		
2.		
3.		
4.		
Insulin: 1.		
2.		
Other Injected: 1.		
Cholesterol: 1.		
2.		
3.		
BP/heart medications: 1.		
2.		
3.		
Thyroid medication: 1.		
2.		
Blood thinners: 1.		
Anti-anxiety/Antidepressant: 1.		
2.		
Other : 1.		
2.		
3.		
4.		
5.		
6.		

LOCAL_____ Phone:_____Fax:_____

Mail away_____ Phone:_____Fax:_____

Diabetes supplies:_____ Phone:_____Fax:_____

Wellness…learn it, earn it. Don't quit.™