

# My Health Record



Name: \_\_\_\_\_

Date: \_\_\_\_\_ Primary Care Provider's Name: \_\_\_\_\_

Primary Care Provider's Phone Number: \_\_\_\_\_

**Instructions:**

- Print this form
- Bring this form to your primary care provider to fill out the information below
- After the information has been filled in, you will need to go to: [Wellstarme.org](http://Wellstarme.org) and log in
- Once logged in, go to your score card, "My Numbers section and enter the following information. Once entered, this information will be a part of your individual score card.

Test	How Often	Goal	Result	Date
Blood Pressure	Every Visit	Less than 120/80		
Weight	Every Visit	Goal Weight		
Height	Every Visit			
Hemoglobin A1C*	Depends on Age and Risk			
Fasting Blood Glucose	Depends on Age and Risk	100 or less fasting		
Triglycerides	Depends on Age and Risk	Less than 150 mg/dL		
Total Cholesterol	Depends on Age and Risk	Less than 200 mg/dL		
LDL-Chol	Depends on Age and Risk	Less than 100 mg/dL		
HDL-Chol	Depends on Age and Risk	Men: more than 40 mg/dL Women: more than 50 mg/dL		

\*The State of Maine onsite health screening will be conducting Hemoglobin A1C tests. Individuals obtaining their health data from their PCP must completely fill out either the Hemoglobin A1C or Fasting Blood Glucose result.

