



Operation Healthy Baby

The moment the sperm and the egg hooked up in the darkest recesses of your fallopian tube, you signed on for a super-secret mission called Operation Healthy Baby — a mission so secret, in fact, that for the first few weeks of your pregnancy, you didn't even know you'd been recruited!

Super-secret spy stuff aside, your mission over the next nine months is pretty straightforward: to do everything in your power to maximize your chances of having a healthy baby. That means gaining a healthy amount of weight, ensuring that your body gets an ample supply of nutrients, and avoiding substances that could be harmful to your baby.

This section helps you keep track of both your health and the health of your growing fetus throughout your pregnancy. In between discovering useful tips on choosing a caregiver and detailed information about what to expect in your prenatal visits, you'll also find pages to record your first signs of pregnancy, write down the addresses and phone numbers of your caregivers, fill in information that your caregiver will ask for at your first visit, and keep an eye on any medications you're taking.

This section also helps you log your first and 14 subsequent prenatal visits to your caregiver. These pages provide spaces for the time and date of each visit with your caregiver — fill these in as you schedule each appointment, and you'll never miss a prenatal visit! You'll also find areas to note the multitude of questions you have for your doctor or midwife, as well as space to jot down his or her recommendations. For each prenatal visit, you'll also find a reassuring tip or fact that may help to eliminate at least one of your worries, as well as room to write down your current health statistics, such your estimated due date, weight, blood pressure, pulse, test results, and contractions. Throughout your pregnancy, you can also use this section to keep track of your baby's health information, including his or her fetal heart rate and fundal height (the distance from the top of your pubic bone to the top of your uterus; a way of measuring your baby's growth).

First Signs of Pregnancy

Are you experiencing the first signs of pregnancy or is something else going on? This table identifies common symptoms and also highlights other causes of those symptoms.

<i>Symptom</i>	<i>What Causes It to Occur During Pregnancy</i>	<i>Other Possible Causes</i>
<i>Menstrual Changes</i>		
A missed period	Rising levels of progesterone fully suppress your menstrual period.	Birth control pills, jet lag, extreme weight loss or gain, a change in climate, a chronic disease such as diabetes or tuberculosis, severe illness, surgery, shock, bereavement, or other sources of stress.
A lighter-than-average period	Your progesterone levels are rising, but not enough to fully suppress your menstrual period (making your due date difficult to pinpoint).	Can be experienced by users of birth control pills.
A small amount of spotting	May occur when the fertilized egg implants in the uterine wall — about a week after conception has occurred.	Can be experienced by users of birth control pills and women with fibroids or infections. What's more, some women routinely experience some mid-cycle spotting. Spotting may also be the earliest sign of an impending miscarriage.

Symptom	What Causes It to Occur During Pregnancy	Other Possible Causes
Breast Changes		
Breast tenderness and enlargement	Hormonal changes of early pregnancy. Note: You may also notice some related physical changes. The areola (the flat area around the nipple) may begin to darken, and the tiny glands on the areola may begin to enlarge.	Premenstrual syndrome (PMS), excessive caffeine intake, or fibrocystic breast disease.
Cramping and/or Nausea		
Abdominal cramping (period-like cramping in the lower abdomen and pelvis and/or bloating and gassiness)	Hormonal changes of early pregnancy.	PMS, constipation, or irritable bowel syndrome.
Morning sickness (used to describe everything from mild nausea to vomiting to the point of dehydration)	High levels of progesterone and human chorionic gonadotropin (hCG). Note: Tends to be worse first thing in the morning, when your blood sugar is at its lowest.	Flu, food poisoning, or other illnesses.
Increased Need to Urinate and/or Constipation		
Increased need to urinate	Increased blood flow to the pelvic area, triggered by the production of human chorionic gonadotropin (hCG) during early pregnancy.	A urinary tract infection, uterine fibroids, or excessive caffeine intake.
Constipation	Progesterone relaxes the intestinal muscles, resulting in varying degrees of constipation.	Inadequate intake of high-fiber foods or inadequate consumption of fluids.

<i>Symptom</i>	<i>What Causes It to Occur During Pregnancy</i>	<i>Other Possible Causes</i>
<i>Food Aversions and Cravings and/or Heightened Sense of Smell</i>		
Food aversions and cravings (e.g., a metallic taste in the mouth and/or a craving for certain foods)	Hormonal changes of early pregnancy.	Poor diet, stress, or PMS.
Heightened sense of smell	Hormonal changes of early pregnancy.	Illness.
<i>Decreased Energy Level</i>		
Fatigue	Increased production of progesterone (which acts as a natural sedative) and an increase in your metabolic rate (your body's way of ensuring it will be able to support the needs of you and your developing baby).	Not getting enough sleep, not eating properly, flu, illness, or some other medical condition.
<i>Changes to the Reproductive Organs</i>		
Changes to the cervix (slightly purplish hue; softening) and the uterus (softening)	Hormonal changes of early pregnancy (detected by your doctor or midwife during a pelvic examination).	A delayed menstrual period.

The Moment You Knew

Record details of when you first knew you were pregnant:



Mini Address Book

Keep track of caregivers who can help you through both pregnancy and the early months of your baby's life: your primary care physician, OB/GYN, nurse-midwife, doula (a professional labor support person), childbirth educator, lactation consultant, and more.

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____



Mini Address Book

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Name of caregiver: _____
Role: _____
Affiliation: _____
Address: _____
Phone number: _____
E-mail address and/or Web site: _____

Choosing Your Caregiver

At this stage of the game, you're probably worried about finding a doctor or midwife to care for you during your pregnancy and to be present at the birth of your baby. Here are some specific questions to ask when you're trying to determine whether a particular caregiver is right for you:

How long have you been in practice? _____

How many births have you attended? _____

What percentage of your patients' babies do you end up delivering yourself?

What's your standard schedule for prenatal appointments? _____

Under what circumstances would you decide to see me more often than this?

How much time do you set aside for each appointment? _____

What types of tests are you likely to recommend over the course of my pregnancy (e.g., ultrasound, maternal-serum screening, amniocentesis, gestational diabetes, group B strep)? _____

Under what circumstances, if any, would you need to transfer me into the care of another health-care provider and/or specialist? _____

Other than you, who might be present at the birth of my baby? _____

Do you involve residents, interns, or student midwives in your practice? If so, what role would they play in my care? _____

How often are you on call? _____

Do you expect to be on call around the time that my baby is due?

How should I go about reaching you in the event of an emergency?

What hospitals and/or birth centers are you affiliated with? _____



Choosing Your Caregiver

Do you attend home births? _____

How much time will you be able to spend with me while I'm in labor?

Under what circumstances do you induce labor? _____

Do the majority of women who you care for have medicated or non-medicated births? _____

When medicated, which methods of pharmacological and non-pharmacological pain relief do they tend to use the most often (e.g., epidurals vs. laboring in water)? _____

Do you encourage couples to attempt unmedicated deliveries? _____

How would you feel if I were to decide to use the services of a doula or some other labor support person? _____

Do you routinely use electronic fetal monitoring during labor? _____

What percentage of women in your care receive episiotomies? _____

How often do the women in your care end up delivering through cesarean section? _____

What percentage of the women in your care who are attempting a vaginal birth after cesarean (VBAC) are able to deliver vaginally? _____

Will my baby be able to remain with me after the birth? _____

Do you provide breastfeeding support? _____

How often will I see you during the postpartum period? _____

Should my baby be checked by another health-care provider during this period? _____

Preparing for Your First Prenatal Visit

Regardless of whether you intend to give birth at home or in the hospital, and to be cared for by a midwife, family physician, or obstetrician, you'll want to get in to see your caregiver as soon as possible after you find out that you're pregnant. This is particularly important if your pregnancy was unplanned and you weren't able to schedule a preconception checkup. Before heading to your first prenatal visit, use this checklist to assemble information that your doctor or midwife needs to know about you.

- Date of first day of your most recent period: _____
- What types of vitamins you take (if any) and if you are likely to have any nutritional deficiencies or other dietary concerns that could have an impact on your pregnancy. Details about these concerns are:

- Lifestyle information, including whether and how much you exercise, whether you smoke, how much (if any) alcohol you consume each week, and whether you are exposed to any hazardous materials or working conditions on the job
- Your obstetrical and gynecological history, including prior pregnancies or miscarriages, tests and surgeries, and any gynecological problems
- Your general medical history (not necessarily related to child-bearing), including chronic medical problems, surgeries, and allergies
- Medications you're taking: _____
- Your immunizations, including those you had as a child (Note: You may want to consult with an older family member if you're not sure about your childhood immunization history.)
- Any fertility charts you and your partner have been keeping while trying to conceive
- Make sure your caregiver will have access to any results of blood or urine tests you've had over the last ten years, including tests for diabetes or hypoglycemia, cholesterol screenings, hepatitis tests, HIV tests, and so on. (Note: This may require a phone call or a fax on your part.)

Preparing for Your First Prenatal Visit

Your prenatal visit will also focus on your and your partner's medical history, and it will probably also include the medical history of your baby's grandparents, aunts, and uncles.

	You	Your Husband/ Partner	Your Siblings	Your Partner's Siblings	Your Mother	Your Father	Your Partner's Mother	Your Partner's Father	Other Relatives
Cerebral palsy									
Cystic fibrosis									
Hemophilia									
Mental retardation									
Muscular dystrophy									
Neural tube defects, including spina bifida									
Sickle-cell anemia									
Tay-Sachs									
Thalassemia									
*Other genetic diseases									

*Other genetic diseases:

Your First Prenatal Visit

During your initial prenatal checkup, your caregiver may do some or all of the following:

- 📌 Confirm your pregnancy by doing a urine or blood test or by conducting a physical examination
- 📌 Estimate your due date by considering a range of factors
- 📌 Perform a blood test to check for illnesses and, if necessary, certain genetic diseases
- 📌 Take a vaginal culture to check for infection
- 📌 Do a Pap smear to check for cervical cancer or pre-cancerous cells
- 📌 Check your urine for signs of infection, blood sugar problems, and excess protein
- 📌 Weigh you to establish a baseline so that your weight gain during pregnancy can be monitored
- 📌 Take your blood pressure

Your practitioner is also likely to want to discuss:

- 📌 Whether you'll be working during your pregnancy (and, if so, whether you'll require any work modifications for safety reasons)
- 📌 Whether there are any special circumstances that he/she should know about in order to care for you during your pregnancy and birth (e.g., whether you have a history of sexual abuse that might lead to heightened anxiety about the birth; whether there are any ethnic or religious traditions that might affect your pregnancy and your child's birth)
- 📌 Whether you have any questions or concerns



Your First Prenatal Visit

Records and Other Notes

Your doctor or midwife will record details about your pregnancy on your prenatal record. He or she may also provide you with a patient version of this record so that you can keep your own pregnancy records, as well. Jot down your results here so you will have your baseline medical statistics handy to compare when necessary at subsequent checkups.

Your estimated due date: _____

Your weight: _____

Your blood pressure: _____

Your pulse: _____

Results of our urine test: _____

Results of any blood test(s): _____

Results of your vaginal culture: _____

Results of your Pap smear: _____

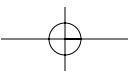
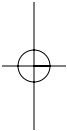
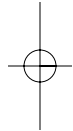
Results of any other tests and exams: _____



Your First Prenatal Visit

Q&A

Got a million questions? That's to be expected at this stage of the game. Be sure to ask your doctor or midwife whatever's on your mind, even if it feels like a game of Twenty Questions. Use this page to list questions you and your partner want to ask, so that you don't miss a single one.





Your First Prenatal Visit

Going Forward

You're likely to talk to your doctor or midwife about all kinds of things during your first prenatal visit — so much, in fact, that it can be difficult to remember everything that was discussed. You may want to make a few notes during your appointment so that you can refer back to these notes during the weeks ahead.



Prenatal Visit 2

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 3

Q&A

Questions to ask your doctor or midwife:



Wondering what's going on inside your uterus? If you were able to take a sneak peak inside the uterus, you'd see a process of fetal development like what's re-created in the *First 9 Months* video available for viewing at Parentsplace.com Here's the link: www.parentsplace.com/first9months/main.html.



Prenatal Visit 3

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 4

Q&A

Questions to ask your doctor or midwife:



Round ligament pain (knife-like pain in your lower abdomen caused by the sudden stretching of ligaments that attach your uterus to your pelvis) tends to be at its worst between the 14th and 20th weeks of pregnancy, when your uterus is heavy enough to exert pressure on the ligaments and yet not large enough to rest any of its weight on the pelvic bones (something that happens after the 20th week).



Prenatal Visit 4

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 5

Q&A

Questions to ask your doctor or midwife:



Wondering about the technology behind obstetric ultrasounds? The Obstetric Ultrasound Web site explains how ultrasounds work. The site also features a detailed gallery of ultrasound images featuring babies at various stages of fetal development. Check out the site at www.ob-ultrasound.net.



Prenatal Visit 5

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:

Prenatal Visit 6

Q&A

Questions to ask your doctor or midwife:



Most caregivers want to hear about any falls you experience after the 24th week, particularly ones that result in pain or bleeding or direct blows to the abdomen. Odds are, your baby is fine, but your doctor or midwife may want to monitor the fetal heart rate and/or to do a blood test to check for bleeding from the baby's circulation to yours via the placenta. In most cases, these tests will help to reassure both of you that the baby wasn't injured.



Prenatal Visit 6

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 7

Q&A

Questions to ask your doctor or midwife:



A number of doctors routinely screen their patients for gestational diabetes toward the end of the second trimester or the beginning of the third.



Prenatal Visit 7

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 8

Q&A

Questions to ask your doctor or midwife:



Studies have shown that babies are rocked to sleep by their mothers' movements during the day, and therefore tend to be most active between 8:00 p.m. and 8:00 a.m.



Prenatal Visit 8

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 9

Q&A

Questions to ask your doctor or midwife:



Your baby's lungs and digestive tract are almost mature. Due to cramped conditions in the uterus, its movements may be less noticeable than they've been in recent weeks, although you should still be able to detect fetal movement on a regular basis.



Prenatal Visit 9

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 10

Q&A

Questions to ask your doctor or midwife:



Your baby is now approximately 19 inches long — nearly its full length — and weighs approximately 4½ pounds. Throughout the next few weeks, the baby gains weight at a rapid rate, depositing layers of fat under the skin so that it will have some built-in insulation to help keep itself warm after birth.



Prenatal Visit 10

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 11

Q&A

Questions to ask your doctor or midwife:



"The Top Ten Labor-Related Worries" offers reassuring words about the worries that may be running through your mind as you head into the home stretch of pregnancy. You can download your copy from www.pregnancylibrary.com.



Prenatal Visit 11

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 12

Q&A

Questions to ask your doctor or midwife:



Don't forget to ask other new parents to pass along the names of all the best pediatricians in your area. With any luck, you'll be able to access some of these healthcare providers through your health insurance provider.



Prenatal Visit 12

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 13

Q&A

Questions to ask your doctor or midwife:



The rapid period of weight gain continues, with the baby gaining approximately 1% of its body weight each day. (A 150-pound woman gaining weight at the same rate would be packing on a mind-boggling 10¹/₂ pounds per week!)

Prenatal Visit 13

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



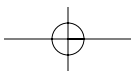
Prenatal Visit 14

Q&A

Questions to ask your doctor or midwife:



The irregular contractions that occur during the last half of pregnancy are called Braxton Hicks contractions. Typically lasting for 45 seconds or less, they feel as if someone has momentarily put a blood pressure cuff around your abdomen and then pumped it up. Toward the end of pregnancy, they become increasingly uncomfortable and sometimes even painful. In fact, some women have such powerful Braxton Hicks contractions that they have a hard time distinguishing them from “the real thing.”





Prenatal Visit 14

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____

Going Forward

Recommendations and advice from your caregiver:



Prenatal Visit 15

Q&A

Questions to ask your doctor or midwife:



Wondering when to expect your first post-baby period? Unless you have a crystal ball, you're going to have a bit of trouble pinpointing the exact date of its arrival. While bottle-feeding mothers typically start menstruating within 6 to 8 weeks of the delivery, breastfeeding mothers can expect to get their periods back any time between 2 and 18 months after the birth.



Prenatal Visit 15

Stats and Test Results

Use this page to record the stats and test results from this prenatal visit.

Date and time of visit: _____

Weight: _____

Blood pressure: _____

Pulse: _____

Urinalysis results: _____

Fetal heart rate: _____

Fundal height: _____

Other test results: _____







Going Forward

Recommendations and advice from your caregiver:






Exercising During Pregnancy

Although there's nothing you can really do to "train" for labor, studies have shown that your labor is likely to be shorter and less complicated if you're in good physical condition when those first contractions hit. That's why most pregnant women are encouraged to make exercise part of their regular routine. Your goal, however, should be to maintain your current level of physical conditioning during pregnancy — not to embark on a heavy-duty training program.

Assuming you do get the go-ahead from your caregiver, it's still necessary to proceed with caution. Here are some important points to keep in mind when you're planning your fitness program:

-  **Choose your fitness activity with care.** Avoid anything that could leave you susceptible to injury — deep knee bends, full sit-ups, double-leg raises, straight-leg raises, and so on. You can also reduce the risk of injury by incorporating a warm-up and a cool-down into your workout.
-  **Avoid activities that could result in abdominal trauma or other types of injuries.** Your best bets are walking, swimming and water aerobics, stationary cycling, and low-impact aerobics. Activities that aren't usually recommended include contact sports such as football, basketball, and volleyball; adventure sports such as parachuting, mountain climbing, and scuba diving; sports with a high risk of trauma, such as downhill skiing, horseback riding, water-skiing, surfing, and ice skating; and high-impact, weight-bearing sports such as running or jogging.
-  **Avoid exercising in the tilted supine (semi-reclined) position.**
-  **Keep in mind that you'll probably tire more easily than usual.**
-  **Don't overexert yourself.**
-  **Don't allow your body to become overheated.**

Exercising During Pregnancy

-  **Consume enough liquids to keep yourself well hydrated.**
-  **Make sure that you're eating enough.**
-  **If you start feeling winded or shaky, if you experience vaginal bleeding or uterine contractions, or if your membranes rupture, stop exercising immediately.**
-  **Avoid exercising on your back after the 20th week of pregnancy.**
-  **Have fun!** Sign up for a prenatal fitness class so that you can get to know other pregnant women in your community. Hop on your stationary bike while you're reading your favorite pregnancy magazine. And make an after-dinner stroll with your partner part of your daily routine.

Floor exercises are simple activities that prepare you for labor. Consider doing these exercises even if you don't feel up for any other activity.

<i>Type of Exercise</i>	<i>What It Does for You</i>
Squatting	Stretches the legs and opens the pelvis; great preparation for birth if you intend to do some of your laboring and birthing in a squatting position
Pelvic tilting	Strengthens the muscles in your abdomen and back to improve your overall posture and prevent or relieve backache
Abdominal curl-ups	Strengthens the abdominal muscles that support the uterus
Pelvic floor exercises	Strengthens the muscles that support the abdominal organs; helps to prevent pregnancy incontinence; can make birth easier



Quick Index to Your Medications

Use these pages to keep track of all medications you're taking — both over-the-counter and prescription products. For each medication, indicate the name of the drug, who prescribed it, its indication (what condition the drug treats), instructions for taking the medication, any warning signs described by your physician, and possible side effects.

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____



Quick Index to Your Medications

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____



Quick Index to Your Medications

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____

Drug: _____
Physician: _____
Indication: _____
Instructions: _____

Warnings and possible side effects: _____



Quick Index to Your Medications

Drug: _____

Physician: _____

Indication: _____

Instructions: _____

Warnings and possible side effects: _____

Drug: _____

Physician: _____

Indication: _____

Instructions: _____

Warnings and possible side effects: _____

Drug: _____

Physician: _____

Indication: _____

Instructions: _____

Warnings and possible side effects: _____



Notes

