

MEDICATION FORM

Fold this form and keep it in your wallet.



Name: _____

Address: _____

State: _____ Zip: _____

Phone number: _____

Birth Date: _____

To order more medication forms please call 1-888-357-2396

Directions:

1. Always keep this form with you. You may want to fold it and keep it in your wallet.
2. Write down all of the medicines you are taking.
3. Take this form to ALL doctor visits, when you go for tests, and ALL hospital visits.
4. Write down ALL changes made to your medicines on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you fill out this form and keep it up-to-date.
5. In the notes column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (high blood pressure, high blood sugar, high cholesterol, etc.).

How Does this Form Help You?

1. This form helps you and your family members remember all of the medicines you are taking.
2. It provides your doctors and others with a current list of all your medicines.
3. Healthcare providers can catch and prevent mistakes (combining drugs that don't work well together, for example) by knowing what medicines you are taking.

Immunization Record

(Record the date/year of last dose taken, if known.)

Tetanus _____ Pneumonia vaccine _____

Flu vaccines(s) _____ Hepatitis vaccine _____

Other _____

Allergic to / Describe reaction	Allergic to / Describe reaction

continued on back

