

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet

Date form started: / /

Name:	Address:	Emergency Contact Name/Phone numbers
Phone Number:		
Birth Date:	Ht: Wt:	

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

FLU VACCINE	PNEUMONIA VACCINE	HEPATITIS VACCINE	TETANUS	OTHER
-------------	-------------------	-------------------	---------	-------

Allergic To / Describe Reaction:	Allergic To / Describe Reaction:	Allergic To / Describe Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	Notes: Reason for taking and Doctor Name	DATE STOPPED	Notes: Reason for stopping; complications, etc

Refer to attached page for directions