

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet

Date Form Started:

Name:	Address:				
Phone Number:					
Birth Date:					
Emergency Contact Numbers:					
IMMUNIZATION RECORD	(Record the date/year of last dose taken, if known)				
TETANUS	FLU VACCINE(S)				
PNEUMONIA VACCINE	HEPATITIS VACCINE				
OTHER	OTHER				
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, gingko). Include medications taken as needed (example: nitroglycerin).

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

UNIVERSAL MEDICATION FORM

Patient:

- 1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
- 2. Write down all of the medicines you are taking and list all of your allergies.
- 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 to **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 (Examples: high blood pressure, high blood sugar, high cholesterol).
- 6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING.** Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

HOW DOES THIS FORM HELP YOU?

- 1. This form helps you and your family members **remember** all of the **medicines you are** taking.
- 2. Provides your doctor(s) and others with a **current list of ALL of your medicines**. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
- 3. **Helps you** concerns may be found and prevented by knowing what medicines you are taking.

