UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet **Date form started**:

Name:	Address:
Phone Number:	
Birth Date:	
Emergency Contact/Phone Numbers:	

IMMUNIZATION RECORD (record the date/year of last dose taken, if known)		
TETANUS	FLU VACCINE(S)	
PNEUMONIA	HEPATITIS	OTHER

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

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

Name of Medication and Dose (mg)	**Frequency (i.e. daily, twice daily, every M-W-F, etc.)**	**What time of the day do you take this medicine?**				**Why are you taking this medicine?**	**Start Date**	**Stop Date**
		Morning	Noon	Supper	Bedtime			

Name of Medication and Dose (mg)	Frequency (i.e. daily, twice daily, every M-W-F, etc.)	What time of the day do you take this medicine?				Why are you taking this medicine?	Start Date	Stop Date
		Morning	Noon	Supper	Bedtime			