

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet Name:				Date form started: Address:				
Phone Number: Birth Date:								
Emergency Contact/Phone numbers:								
	IMMUNIZATION		(Recor	d the date/vear of	last dose tal	(en. if known)		
			LU VACCINE(S)					
PNEUMONIA VACCINE		HEPATITIS VACCINE			OTHER			
Allergi	c To /Describe Reaction:	Allergic To /Des			/Describe	escribe 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).								
START DATE	NAME OF MEDICATION / DO			EQUENCY	REASON	FOR TAKING	DATE STOPPED	
27112								

Refer to back of form for directions, benefits of using the form, and how to get more copies.

UNIVERSAL MEDICATION FORM

For Patients

- 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 drug 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. 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.

HOW DOES THIS FORM HELP YOU?

- 1. The form helps you and your family members remember all of the medicines you are taking.
- 2. It 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!



For additional copies of the Universal Medication Form, logon to www.keepingyouwell.com.