

# Medication Cards

Name:

Phone:

Address:

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Emergency

Contact Name:

Emergency

Contact Phone:

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Physician:

Phone:

Physician:

Phone:

Pharmacy:

Phone:

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Allergies and Reactions:

**What medications should I include on this form?**

- > Prescription drugs
  - > Over-the-counter medicines
  - > Dietary/herbal remedies
  - > Respiratory therapy medication
  - > Vitamins or minerals
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**Questions to Ask**

- > What is the name of the medication and what is it for?
- > How and when should I take it and how much should I take?
- > What should I do if I miss a dose?
- > When and how should I stop taking it?
- > Will it interact with other prescription or over-the-counter medications, herbal, or vitamins that I take?
- > Should it be taken with food? What food or drinks should I avoid while taking this medication?
- > What are the side effects and what should I do if I experience them?

*Remember to review and update your medication card!*

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**Last Date of Adult Immunizations**

Pneumonia:

Tetanus:

Hepatitis:

Flu: