## PERSONAL MEDICATION RECORD

Fold this form and keep it in your wallet or purse Date form started:					
Name:			Address:		
Phone Number:					
	Date:				
Emergency Contact/Phone numbers:					
Prima	ary Physician Contact num	ber:			
	IMMUNIZATIO	N RECORD (Reco	ord the date/year of last dose ta	ken, if known)	
TETANUS		FLU VACCINE(S)			
PNEUMONIA VACCINE		HEPATITIS VACCINE OTH		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).  DIRECTIONS:  Notes: Reason					
DATE	NAME OF MEDICATION / DOSE	Use pati	ent friendly directions.	DATE STOPPED	for taking /
		(Do not use	e medical abbreviations.)		Doctor Name

Refer to back of form for directions, benefits of using the form, and how to get more copies. (02/04)

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