UNIVERSAL MEDICATION FORM

Fold this form and keep in your wallet/pocketbook

Name _____

Address _____

Phone Number _____ DOB _____

Allergic To _____ Reaction _____

Allergic To _____ Reaction _____

Allergic To _____ Reaction _____

Allergic To _____ Reaction _____

Allergic To _____ Reaction _____

Allergic To _____ Reaction _____

List all prescription (including insulin, eye drops, Viagara) and over the counter (non-perscription) medications such as Vitamins, Aspirin, Tylenol and herbs.

Date Started	Name of Medicine & Dose	How Much/How Often	Date Stopped	Reason for Taking / Doctor's Name

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Immunization Record (Record the last dose taken)

Tetanus _____

Pneumonia Vaccine _____

Flu Vaccine _____

Hepatitis Vaccine _____

Other _____

Previous Hospitalizations/Surgeries

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

Comments

_____

_____

_____

_____

Patients
1. Always keep this form with you.
2. Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc.). Take this form to ALL pre-assessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, out-patient visits).
3. Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed ask a Physician, Nurse, Pharmacist to help you fill out this form.
4. In the comments section, record things like the name of the doctor who told you to take this medication. You may have also add the reason for taking the medication (high blood pressure, high blood sugar, high cholesterol). Always keep this form with you.
5. Tell your family, friends, and neighbors about the benefits of using this form.

How does this form help you?
1. **Reduces confusion and saves time**. You do not have to remember all the medications you are taking. The form will do that for you.
2. **Improves communication**. Provides doctors, health care providers, and institutions with a current ist of ALL of your medications. It let's the patient and/or family member know exactly what medications are to be taken and when.
3. **Improves MEDICATION SAFETY**. Medication interactions and duplications can be detected and corrected.