



Universal Medication Form

Fold this form and keep it in your wallet

Date Form Started:

Name:	Address:
Phone Number:	
Birth Date:	
Emergency Contact and Phone Numbers:	
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)	
Tetanus	Flu Vaccine(s)
Pneumonia Vaccine	Hepatitis Vaccine
	Other
Allergic to/Describe Reaction:	Allergic to/Describe Reaction

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription, over-the-counter medications (examples: aspirin, antacids), herbals (examples: ginseng, ginkgo), and all as needed (example: nitroglycerin).

Date	Name of Medication/Dose	Directions: Use patient friendly directions. (Do not use medical abbreviations.)	Date Stopped	Notes:

Patient:

- 1. ALWAYS KEEP THIS FORM WITH YOU.** Fold it and keep it in your wallet along with your driver's license in case of an emergency.
- 2. Write down** all of the medicines you are taking and list all of your 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 a medicine, draw a line through it and write the date it was stopped. Ask your Doctor, Nurse, Pharmacist, or family member to help you to **keep it up-to-date.**
- 5. In the NOTES column,** write the name of the doctor who told you to take the medicine(s) and 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.** Changes may be made after a hospital stay and a new form may be filled out for you to take to the doctor with you. This will keep everyone up-to-date on your medicines.

How does this form help you?

- 1.** This form helps you and your family remember all of the medicines you are taking.
- 2.** Your doctor(s) and other healthcare professionals will have a current list of ALL of your medicines including herbals, vitamins, and over-the-counter medicines that you take!

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