

MY CURRENT MEDICATION FORM

Name	Phone Number				
Address			Emergency Contact:		
City	State	Zip Code	Phone Nu	umber	
	IMMUNIZATION R	ECORD (Record the	date/year of la	ast dose taken,	if known)
TETANUS	F	LU VACCINE(S)		OTHER	
PNEUMONIA VACCINE HEPATITIS VACCINE					
ALLERGIC TO:			DESCRIBE T	THE REACTION	l:
LIST ALL MEDICATIONS 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).					
DATE	Name of Medication/Dose	Direction	ns [DATE STOPPED	NOTES: REASON FOR TAKING

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Patient:

- 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 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. In the NOTES column, 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 on your medicines.

HOW DOES THIS FORM HELP YOU?

- 1. This form helps you and your family members **remember** all of the **medicines you are taking**.
- 2. 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!
- 3. **Helps you** --concerns may be found and prevented by knowing what medicines you are taking.