UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet			Date form started:			
Name:			Address:			
Phone Number:						
Birth D						
Emerg	ency Contact/Phone numb	ers:				
	IMMUNIZATION	RECORD (Recor	rd the date/year of last dose ta	ken, if known)		
TETANUS		FLU VACCINE(S)				
PNEUMONIA VACCINE		HEPATITIS VACCINE		OTHER		
Allergic To / Describe Reaction:		Allergic To / Describe		e Reaction:	Reaction:	
	L MEDICINES YOU ARE C					
medications (examples: aspirin, antac medications taken as needed (examples) DATE NAME OF MEDICATION / DOSE		cids) and herbals (examples: ginseng, gible: nitroglycerin). DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)		DATE	Notes: Reason for Taking / Doctor Name	
		(Bo not e	and modical approviations,		Doctor Name	
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Refer to back of form for directions, benefits of using the form, and how to get more copies.

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