**Fold this form and keep it in your wallet Date form started:**

**UNIVERSAL MEDICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Address:** | |
| **Phone Number:** | |  | |
| **Birth Date:** | |  | |
| **Emergency Contact/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 and over­the­counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **NAME OF MEDICATION / DOSE** | **DIRECTIONS:**  **Use patient friendly directions. (Do not use medical abbreviations.)** | **DATE**  **STOPPED** | **Notes: Reason for taking /**  **Doctor Name** |
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**Refer to back of form for directions, benefits of using the form, and how to get more copies.**