


Name Of Medication	Dosage	Reason for Taking	Medication & Health Information Card
1. _____	1. _____	1. _____	
2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	
4. _____	4. _____	4. _____	
5. _____	5. _____	5. _____	
6. _____	6. _____	6. _____	
7. _____	7. _____	7. _____	
8. _____	8. _____	8. _____	
9. _____	9. _____	9. _____	
10. _____	10. _____	10. _____	
11. _____	11. _____	11. _____	
12. _____	12. _____	12. _____	

<p>Medication for:</p> <p>Name: _____</p> <p>Date : _____</p>	<p>Name</p> <p>_____</p> <p>DOB:    /    /</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p> <p>_____</p> <p>Emergency Contact</p>	<p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Heart Disease</p> <p><input type="checkbox"/> Kidney Disease</p> <p><input type="checkbox"/> Lung Disease</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Other Allergies:</p> <p>_____</p> <p>_____</p> <p>Primary Provider's Name &amp; Number:</p> <p>_____</p> <p>_____</p> <p>Last Tetanus: _____</p> <p>Flu Shot: _____</p> <p>Major Surgeries:</p> <p>_____</p> <p>_____</p>
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