UNIVERSAL MEDICATION LIST FORM

Fold this form and keep it in yo	Date form st	tarted:			
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		OTHER		
Allergic To /Describe Reaction:		Allergic To /Describe Reaction:			

LIST ALL MEDICINES 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	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	Notes: Reason for taking / Doctor Name