

Medication Cards

<p>Name:</p> <p>Phone:</p> <p>Address:</p> <hr/> <p>Emergency Contact Name:</p> <p>Emergency Contact Phone:</p> <hr/> <p>Physician:</p> <p>Phone:</p> <p>Physician:</p> <p>Phone:</p> <p>Pharmacy:</p> <p>Phone:</p> <hr/> <p>Allergies and Reactions:</p>	<p>What medications should I include on this form?</p> <ul style="list-style-type: none">> Prescription drugs> Over-the-counter medicines> Dietary/herbal remedies> Respiratory therapy medication> Vitamins or minerals <hr/> <p>Questions to Ask</p> <ul style="list-style-type: none">> What is the name of the medication and what is it for?> How and when should I take it and how much should I take?> What should I do if I miss a dose?> When and how should I stop taking it?> Will it interact with other prescription or over-the-counter medications, herbal, or vitamins that I take?> Should it be taken with food? What food or drinks should I avoid while taking this medication?> What are the side effects and what should I do if I experience them? <p><i>Remember to review and update your medication card!</i></p> <hr/> <p>Last Date of Adult Immunizations</p> <p>Pneumonia:</p> <p>Tetanus:</p> <p>Hepatitis:</p> <p>Flu:</p>
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