Medical Information Wallet Card

Be sure to read the Medication Safety Tips for Patients. Fill out, cut out, and fold the chart below and carry it with you at all times.

į	My Patient Information					- 00	
	Name		Primary care provider phone			Medical Information Wallet Card This Card Belongs To:	
į	Date of birth		Pharmacy phoneInsurance Provider and ID#				
	Home phone		Emergency Contact phone				
	My Medications Prescription medications, non-prescription medications, over-the-counter medications, herbals, vitamins and supplements.					Medication errors are one of the	
	Name of medicine	Dose (amount)	How often and when (morning, noon, evening)	How to take (with or without food)	Reason for taking	main reasons for health care complications. Carry this card with you at all times.	
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						My Allergies Se Mild	verity of reaction: moderate, severe, life-threatening
į						Allergic to: Reaction:	
1						Allergic to: Reaction:	
						Allergic to: Reaction: Allergic to:	
						Reaction: Allergic to:	
į						Reaction:	
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						1	
•	0/o Cut along dotted line	Fold here		Fold here		Fold here	