My Medicine List Fold this form and keep it with you

| Name: | | | D | Date of Birth: Allergi | | C To: (Describe reaction) | |
|---|----------------------|------------------------------|---|--------------------------|-----------------|--|--|
| Emergen | cy Contact/Phone | numbers: | | | | | |
| Doctor(s) |): | | | | | | |
| Pharmaci | es, other sources: | | | | | | |
| | | | | | | | |
| Immunization Record (Record the date/year of last dose to | | | | | | | |
| Pneumonia vaccine: Tetanus: | | | Tetanus: | Hepatitis vaccine: | | Other: | |
| (example | s: aspirin, antacids | are current s) and herbal | s (examples: ginseng, gin | ngko). Include medicatio | ns taken as nee | ns, shots), over-the-counter medications ded (example: nitroglycerin, inhalers). | |
| START NAME OF DOSE | | DOSE | DIRECTIONS (How do you take it? When? How often?) | | DATE STOPPED | NOTES (Reason for taking?) | |
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