

Universal Medication Form

Fold this form and keep it in your wallet

Date form started:

Name:	Address:
Birth Date:	
Primary Care Physician: Phone Number:	
Allergic To /Describe Reaction:	Allergic To /Describe Reaction:

"Currently Not Taking Medications"

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (Examples: aspirin, antacids), dietary supplements, and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, vitamins, and homeopathic remedies)

Date	Name of Medication	Dose	Directions/Date Last Taken	Date Stopped	Reason for taking/Changing Medication and Doctors Name

Refer to back of form for directions and benefits of using the form, and how to get more copies.

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Patient:

1. **Always Keep This Form With YOU. You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.**
2. **Write down all of the medicines you are taking and list all of your allergies.**
3. **Take this form to ALL doctor visits, when you go for procedures, tests, and hospital visits.**
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to keep it up-to-date.**

How Does This Form Help You?

1. **This-form helps you and your family members-remember all of the medicines you are taking.**
2. **Provides your doctor(s) and others with a current list of ALL of your medicines. Doctors need to know the herbals, vitamins, homeopathic remedies, and over-the-counter medicines you take!**
3. **Helps you - concerns may be found and prevented by knowing what medicines you are taking.**

Extra forms are available at many doctors' offices and pharmacies