

# UNIVERSAL MEDICATION FORM

**\*Fold this form and keep it in your wallet**

**HOW DOES THIS FORM HELP YOU?**

- 1) **Reduces confusion and saves time.** You do not have to remember all the medications you are taking, the form does this for you.
- 2) **Improves communication.** Provides doctors, health care providers and institutions with a current list of ALL of your medications. Let's you or your family members know exactly what medications are to be taken and when.
- 3) **Improves Medical Safety.** Medication interactions and suplications can be detected and corrected.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Apt #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Care Physician (PCP): \_\_\_\_\_ PCP Phone Number: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone Number: \_\_\_\_\_

Allergic To / Describe Reaction: \_\_\_\_\_ Allergic To / Describe Reaction: \_\_\_\_\_


List all prescription and over-the-counter (non-prescription) medications such as Vitamins, Aspirin, Tylenol, Inhalers and Herbals (i.e.: Ginseng, Gingko, St. John's Wort). Include prescription meds taken as needed, (i.e.: Viagra, Nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS	DATE STOPPED	Reason for Taking / MD Name



**Continued on Back →**

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS	DATE STOPPED	Reason for Taking / MD Name

IMMUNIZATION RECORD (Record the last dose taken)	
Tetanus Vaccine:	
Pneumonia Vaccine:	
Flu Vaccine:	
Hepatitis Vaccine:	(B) (A)
COMMENTS	

**PATIENTS:**

- 1) **Always keep this form with you.**
- 2) Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc.). Take this form to ALL pre-assessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, out-patient visits).
- 3) Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed, ask Physician, Nurse or Pharmacist to help you fill out this form.
- 4) In the COMMENTS column, record things like the name of the doctor who told you to take this medication. You may also add the reason for taking the medication (high blood pressure, high blood sugar, and high cholesterol).
- 5) Tell your family, friends and neighbors about the benefits of using this form.
- 6) **For your medication safety – we recommend you use only 1 (one) Pharmacy for your medication needs.**