UNIVERSAL MEDICATION FORM

Address:

Date form started:

Fold this form and keep it in your wallet

Name:

Phone Number:

Birth	Date:				
Emer	gency Contact/Phone numb	oers:			
	IMMUNIZATION RE	CORD (Record the	e date/year of last dose taken,	if known)	
TETANUS		FLU VACCINE(S)			
PNEUMONIA VACCINE		HEPATITIS VACCINE		OTHER	
Allergic To /Describe Reaction:		Allergic To /Describe		Reaction:	
med	T ALL MEDICINES YOU ARE Offications (examples: aspirin, ant dications taken as needed (examples)	acids) and herba	ls (examples: ġinseng, gi		
DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)		DATE STOPPED	Notes: Reason for taking / Doctor Name

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

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