MY MEDICATION LIST

Name ______
Date of Birth ______
Address ______
City ______
State ______ Zip ______
Phone ______

Medical history:

- ☐ Asthma
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Cancer
- ☐ High Blood Pressure
- ☐ Osteoporosis
- ☐ Seizures
- ☐ Cardiac Arrhythmias
- ☐ Stroke
- ☐ Lung Disease
- ☐ Digestive Tract Disorder
- ☐ Arthritis
- ☐ Hepatitis
- ☐ Blood Disorder

Do you have:

- ☐ Hearing disorder? *(describe)* ______
- ☐ Vision impairments or disorders? *(describe)* ______
- ☐ Any Life Threatening conditions? *(describe)* ______
- ☐ Any Contagious disorders? *(describe)* ______
- ☐ Any Nervous disorders? *(describe)* ______

Do you have allergies?

(Food or medication, please list):

______

Do you have a Living Will?

☐ Yes ☐ No

Do you have a Healthcare Durable Power of Attorney?

☐ Yes ☐ No

Are you interested in Organ Donation?

☐ Yes ☐ No

Do you see any specialist doctors? *(list below)*:

Name ______
Specialty ______ Phone ______
Name ______
Specialty ______ Phone ______

Please list recent hospitalizations:

______ ______

Please list surgeries:

______ ______

Over-the-counter medications: *(Used regularly)*

- ☐ Allergy medication, antihistamine
- ☐ Stomach medications
- ☐ Aspirin/Tylenol/Ibuprofen/Naproxen
- ☐ Cold & Cough medication
- ☐ Diet Pills
- ☐ Laxatives or anti-diarrhea medications
- ☐ Herbals and supplements (vitamins)
- ☐ Sleep aids
- ☐ Other (list):

Emergency Contact Information:

Name ______
Phone ______
Cellphone ______

Primary Care Doctor:

Name ______
Phone ______

Date of last Pneumococcal Vaccine: ______

Date of last Influenza Vaccine(s): ______

Date of last Tetanus shot: ______

Pharmacies: *(please list)*

Name ______
Phone ______
Name ______
Phone ______

LIST OF PRESCRIBED MEDICATIONS

Date Last Updated:

Name of Medication (brand or generic name)	Dose (mg, units, puffs, drops)	When Do You Take It? (how many times per day, morning and night? After meals? At bedtime?)	Purpose (Why do you take it?)

Please update every time you see your primary doctor, or specialist, visit the Emergency Room, or are discharged from the hospital.