

Fold this form and keep it in your wallet

Name:

Phone Number:

MEDICATION LIST FORM

Date form started:

Page _____ of ___

Address:

Birth	Date:				
Emer	gency Contact/Phone numb	ers:			
Allerg	gic To /Describe Reaction:		Allergic To /Descri	be Reactio	n:
med	T ALL MEDICINES YOU ARE Offications (examples: aspirin, anti- dications taken as needed (examples)	acids) and herbal	ls (examples: ginseng,		
DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: (When do you take this medicine?)		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.

Medical Condition	Date of Diagnosis	Notes

UNIVERSAL MEDICATION FORM

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 tests and ALL 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.
- 5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).

HOW DOES THIS FORM HELP YOU?

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

For copies of this **MEDICATION FORM** visit **DareNC.com/EMS**