



UNIVERSAL MEDICATION FORM

Date form started: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact/Phone Numbers: _____

PHARMACY where prescriptions are filled/PHARMACY of choice—location and phone number:

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)	<input type="checkbox"/> TETANUS	Food Allergic To/Describe Reaction:	
	<input type="checkbox"/> FLU VACCINE(S)		Environmental Allergic To/Describe Reaction:
	<input type="checkbox"/> PNEUMONIA VACCINE		
	<input type="checkbox"/> HEPATITIS VACCINE	Allergic To/Describe Reaction:	
	<input type="checkbox"/> OTHER		

No Known Drug Allergies Height: _____ Weight: _____ lb / kg (Circle one)

Drug Allergy:	1.	2.	3.	4.	5.
Reaction:					
Drug Allergy:	6.	7.	8.	9.	10.
Reaction:					

<u>Medication Name</u> Prescription and non-prescription drugs, vitamins, herbal supplements, etc.	<u>Strength</u> List the strength of the drug.	<u>Dose</u> How many do you take at a time?	<u>Route</u> By mouth, injection, etc.	<u>Frequency</u> How often do you take this medication?	<u>Last Dose Taken</u> List the last date and time you took this medicine.
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					

Continued on back

CONTINUED LISTING FROM FRONT

<u>Medication Name</u> Prescription and non-prescription drugs, vitamins, herbal supplements, etc.	<u>Strength</u> List the strength of the drug.	<u>Dose</u> How many do you take at a time?	<u>Route</u> By mouth, injection, etc.	<u>Frequency</u> How often do you take this medication?	<u>Last Dose Taken</u> List the last date and time you took this medicine.
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					

- Write down all of the medicines you are taking and list all of your allergies.
- **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.
- When you are discharged from the hospital, someone will talk with you about **which medicines to take and which medicines to stop taking**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up to date on your medicines.

How Does This Form Help You?

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