UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet			Date form started:		
Name:			Address:		
Phone Number:					
Birth Date:					
Emerg	ency Contact/Phone numb	ers:			
	IMMUNIZATION	RECORD (Recor	d the date/year of last dose ta	ken, if known)	
TETANUS		FLU VACCINE(S)		T	
PNEUMONIA VACCINE		HEPATITIS VACCINE		OTHER	
Allergic To / Describe Reaction:		Allergic To / Describe		e Reaction:	
I IST AI	L MEDICINES YOU ARE C	URRENTI Y TA	KING: Prescription an	nd over-the-co	ınter
	ions (examples: aspirin, anta				
	ions taken as needed (exam		n).	, ,	
DATE STARTED 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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UNIVERSAL MEDICATION FORM

Patient:

Primary Physician	Telephone Number
Preferred Pharmacy	Telephone Number

- 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).
- 6. 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.
- 7. For additional copies of this form, visit www.tnpharm.org.

HOW DOES THIS FORM HELP YOU?

- 1. This form helps you and your family members **remember** all of the **medicines you are taking**.
- 2. Provides your doctor(s) 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!







Tennessee Academy of Family Physicians









If you have any questions about your medications, ask your health care providers or if after hours call the Poison Center at 1-800-222-1222.