

Personal Medication Form

This card could save your life! It's important for physicians and pharmacists to know about all medications that you're taking. Here's how to use this form:

- List **ALL** medications that you are taking, including prescriptions, over-the-counter drugs, vitamins and herbal supplements.
- Always keep this form with you, and take it to every physician office visit (primary and specialists), hospital admission, ER visit and any medical testing you have done. You should also bring it to your pharmacy.
- Update the form when you start or stop a new medicine, change a dose, or after a visit to your physician.

My personal information

Name: _____

Birth date: _____

Phone number: _____

Emergency contact

Name: _____

Relationship: _____

Phone number: _____

My primary physician

Name: _____

Phone number: _____

Other physicians

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

My allergies

My medical conditions

My immunizations

*Record the month/year of last dose received

Tetanus: _____

Flu vaccine: _____

Pneumonia vaccine: _____

Hepatitis vaccine: _____

Other: _____



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