UNIVERSAL MEDICATION FORM

Date:

Name:	Address:	
Phone:		
Birth Date:		
Emergency Contact/Phone numbers:		
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)		
Tetanus:	Flu Vaccine(s):	
Pneumonia Vaccine:	Hepatitis Vaccine:	Other:

Allergic To: Reaction:	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date	Name of Medication/Dose	Directions: Use patient friendly directions. (Do not use medical abbreviations)	Date Stopped	Notes: Reason for taking/Prescribing Doctor's Name