

Fold th	nis form and keep it wi	all tir	all times. Date form started:				
Name:				ess:			
Phone Number:							
Date Birth: Primary Physician:							
Health Care Proxy: Yes No Agent name: Phone #:							
Emergency Contact / Phone numbers:							
Name and location of your pharmacy: Phone #:							
Organ Donor: Yes No DDNR:			Yes				
		- data and		floot doos tol	con if len	014/0	
	zation Record: Record the		i iast does tar	ken, ii kn	own.		
Tetanus Flu Vaccir Pneumonia Vaccine Hepatitis							
Pneumonia Vaccine Hepatitis				<u>ie</u>	Oth	ier	
Allergies and Reaction to Each:							
List all current prescriptions and over-the-counter medications: i.e. aspirin, antacid, vitamins and herbals (such as ginseng, gingko). Include medications taken as needed (such as nitroglycerin).							
herbals	(such as ginseng, gingko					(such as nit	
Date	Name of Medication and Dose		ease de	en do you take o not use med breviations		Date Stopped	Notes: Reason for taking and doctor's name.

See the back of this form for instructions on how to complete, how using this from will help you, and how to get more copies.



Universal Medication Form

To Our Valued 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, so it is available in case of an emergency.
- 2. Write down all medicines you are currently taking and list all your allergies.
- 3. Take this form to *all* doctor visits, *all* hospital visits, and when you go for tests.
- 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, such as high blood pressure, high blood sugar, high cholesterol, etc.
- 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.

How does this form help you?

- 1. It helps you and your family members remember all the medicines you are taking.
- 2. It gives your doctor(s) and other providers a current list of *all* of your medicines. <u>Doctors also need to know the herbals, vitamins, and over-the-counter medicines you take!</u>
- 3. Concerns may be found and prevented by knowing what medicines you are taking.

More Mary Washington Healthcare forms are available online at mwhc.com and in our medical staff offices.

Acknowledgement: Modified from a form developed by AnMed Health and South Carolina Hospital Association, 2004.