🗳 Mary Washington Healthcare

Universal Medication Form

Fold this form and keep it in your wallet		Date form started:					
Name:		Address:					
Phone Number:							
Date Birth:	Primary Physic	cian:					
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	No	Advance Directive: No	Yes		
Immunization Record: Record the date and year of last does taken, if known.							
Tetanus	Flu Vaccine(s)						
Pneumonia Vaccine	Hepatitis Vacci	ne		Other			
Allergies and Reaction to each:							
List All modication you Are Taking New: preserviting and even the sounder							

List All medication you Are Taking Now: prescriptions and over-the-counter medications (examples: aspirin, antacid, vitamins and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date	Name of medication and dose	How often do you take this? Do not use medical abbreviations	Date Stopped	Notes: Reason for taking and Doctor's Name

See the back of this form for instruction on filling it out, how using this from will help you, and how to get more copies.

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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. 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.

How Does This Form Help You?

- 1. Helps you and your family members remember all of the medicines you are taking.
- 2. Gives your doctor(s) and others a current list of ALL of your medicines. Doctors also need to know the herbals, vitamins and over-the-counter medicines you take!
- 3. Concerns may be found and prevented by knowing what medicines you are taking.

More forms are available throughout Mary Washington Healthcare, online at <u>www.yourhealth.medicorp.org</u> and our medical staff's offices.

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