

# Medication List



Keep a list of current medications with you at all times, just in case.

**NAME/PHONE:**

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**EMERGENCY CONTACT/PHONE:**

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**PHYSICIAN AND PHARMACY NUMBERS:**

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**SURGERIES:**

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**ALLERGIES/REACTIONS:**

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**OTHER IMPORTANT INFORMATION:**

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**IMMUNIZATION DATES:**

**FLU:** \_\_\_\_\_

**PNEUMONIA:** \_\_\_\_\_

**TETANUS:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

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**List ALL medications you are currently taking, including:**

- Prescriptions
- Over-the-counter medicines
- Medicines taken as needed
- Vitamins and supplements



Medication Name/ Strength	Dose	Time	Reason	Start Date

**ALWAYS KEEP THIS FORM WITH YOU AND UPDATE AS CHANGES ARE MADE.**

Take this form to ALL of the following:

- Doctor visits
- Medical testing (MRI, CT, stress tests, etc)
- Pre-assessment visits for surgery
- Hospital visits (emergency, inpatient admission, outpatient visits)

**This information improves your safety, helping to detect and correct medication and food interactions and duplications.**