SWEDISH

PERSONAL MEDICATION RECORD

Name	
Date of Birth	
Immunization Record	
Tetanus	Flu Vaccine(s)
Pneumonia Vaccine	
Drug Allergies	
Drug	**Reaction**

List all medications you are currently taking:
Include prescription medications, over-the-counter medications (examples: aspirin, antacids), herbal supplements (examples: ginseng, gingko)

Date Started	Name of Medication	Directions	Date Stopped	Reason for Taking

FOLD OPEN SO TEXT CAN BE SEEN EASILY AND IDENTIFIED BY EMERGENCY PERSONNEL

Personal Medication Record

1. WRITE on this form ALL OF YOUR MEDICINES, including over-the-counter medications, herbal supplements, vitamins and minerals, and a list all of your allergies.
2. Cut and fold this form to fit into your wallet or purse. ALWAYS KEEP IT WITH YOU, in case of an emergency. (Fold open so text can be seen easily and identified by emergency personnel.)
3. Share this form with your doctor or other caregivers at ALL doctor visits, tests and hospital visits.
4. WRITE on this form ALL CHANGES MADE TO YOUR MEDICINES. If you stop taking a medicine, draw a line through it and write the date it was stopped. If needed, ask your doctor, nurse, pharmacist or family member to help you keep it up-to-date.
5. If you are hospitalized, someone will talk with you when you are discharged 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.

This form is intended to help you and your family members remember all of the medicines you are taking. It will also give your doctor(s) and other caregivers important information to help them take better care of you.

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