



UNIVERSAL MEDICATION FORM

Form 1378a 8/07

Name _____
Address _____
Phone Number _____
Birthdate _____

Emergency Contact/Phone Numbers:

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)

TETANUS	FLU VACCINE(S)	GARDASIL VACCINE
PNEUMONIA VACCINE	HEPATITIS A VACCINE HEPATITIS B VACCINE	OTHER

Allergic To/Describe Reaction:	Allergic To/Describe Reaction:

Medications: Include all prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS/NOTES: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED

Reminders to patients:

- Please fold this form and keep it in your wallet/purse for easy access.**
- If you start to take any new over-the-counter medications or herbals, add these to your list so you will have a complete list.
- Show this form each time you are asked which medications you take (doctor visits, diagnostic tests, emergency room, hospital, etc.) This will save you time. Continue to update the form.
- Extra forms are available at many doctors' offices, pharmacies, and www.mercer-health.com.

PROMOTE MEDICATION SAFETY BY TELLING OTHERS ABOUT THE BENEFITS OF USING THE UNIVERSAL MEDICATION FORM