Mercer Health

UNIVERSAL MEDICATION FORM

Form 1378a 11/10

Name_____
Address_____
_____
Phone Number_____
Birthdate_____
Height/Weight_____

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, gingko). 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:

1. **Please fold this form and keep it in your wallet/purse for easy access**.
2. 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.
3. 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.
4. 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

CLICK HERE TO SUBMIT FORM TO MERCER HEALTH