

## HOME MEDICATION FORM

Name:	Address:
Phone Number:	
Birth Date:	Social Security #:
Primary Care Physician:	Pharmacy:
Emergency Contact / Phone Numbers:	

<b>IMMUNIZATION RECORD</b> (Record the date / year of last dose taken, if known)	
Tetanus	Flu Vaccine(s)
Pneumococcal	
Pertinent Medical History	

<b>Allergic To / Describe Reaction:</b>	<b>Allergic To / Describe Reaction:</b>

### LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:

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

PRESCRIP- TION DATE	NAME OF MEDICATION	DOSE / FREQUENCY	DATE STOPPED	NOTES: REASON FOR TAKING / DOCTORS INSTRUCTIONS



## **Home Medication Form**

### **Information for Patients and Their Families**

- 1. ALWAYS KEEP THIS FORM VISIBLE.** Place the packet on your refrigerator door or carry it in your car, then it will be available in the case of emergency to first responders.
- 2.** Write down all the medications you are taking and list all your allergies.
- 3.** Take this form to ALL doctor visits and ALL hospital visits.
- 4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. If you stop taking certain medicine, draw a line through it and note the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up to date.
- 5.** In the NOTES column, write the name of the doctor who told you to take the medicine(s). You may also write why you are taking the medicine; for example, high blood pressure, high blood sugar, etc.
- 6.** When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO DISCONTINUE.** Since changes to your medications are common 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 medications.

### **How Does This Form Help You?**

- 1.** This form helps you and your family members remember all the medicines you are taking.
- 2.** The form provides your doctor and others with a current list of ALL your medicines. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take as well as prescribed medicines.
- 3.** This form helps you because concerns may be found and prevented by knowing what medicines you are taking.

