NAME OF MEDICATION	DOSAGE	REASON FOR TAKING
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.
12.	12.	12.

Medication & Health Information Card

GRAHAM
MEDICAL ASSOCIATES

123 Main Street
Anytown, USA 12345
(123) 456-7890
www.grahammedassociates.com

Medication Record For:

Name: _____

Date: _____

Compliments of:

GRAHAM
MEDICAL ASSOCIATES

PERSONAL INFO

Name:

_____

DOB: ___/___/_____

Address:

_____

_____

Home Phone:

(___) _____

Cell Phone:

(___) _____

Emergency Contact:

_____

HEALTH INFO

- ❒ Diabetes
- ❒ High Blood Pressure
- ❒ Heart Disease
- ❒ Kidney Disease
- ❒ Lung Disease
- ❒ Arthritis
- ❒ Other_____

HEALTH INFO

Other Allergies:

_____

_____

Primary Provider's Name & Number:

_____

_____

Last Tetanus: _____

Flu Shot: _____

Major Surgeries:

_____

_____