

NAME OF MEDICATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

DOSAGE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

REASON FOR TAKING

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Medication & Health  
Information Card





Medication Record For:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

With our  
compliments

### PERSONAL INFO

Patient 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:

\_\_\_\_\_

\_\_\_\_\_