Fleming County Hospital

Universal Medication Form

Fold this form and keep it in your wallet/purse

Date form started: _____/_____/_____

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):**	**MMR:**
Pneumonia Vaccine:	**Hepatitis Vaccine:**	**Other:**

Allergic To:	**Describe Reaction:**	**Allergic To:**	**Describe Reaction:**

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medication (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medication taken as needed or occasionally (examples: Tylenol, nitroglycerin). ***NOTE: Ask your PHARMACIST, Doctor, Nurse or family member to help you if necessary.***

Date Started	**Name of Medication and Dose**	**Directions: (Please, do not use medical abbreviations)**	**Doctor(s) Name**	**Date Stopped**	**Notes/Reason for Taking**