

**Other Important Information:**

**What medications should I include?**

- Prescription medicines
- Over-The-Counter medicines
- Vitamins
- Herbal remedies
- Nutrition pills
- Respiratory therapy medicines (such as inhalers)
- Blood factors (such as Factor VIII)
- IV solutions
- IV nutrition

**Date of Most Recent Adult Immunizations:**

- Pneumonia: \_\_\_\_\_
- Tetanus: \_\_\_\_\_
- Hepatitis: \_\_\_\_\_
- Flu: \_\_\_\_\_
- \_\_\_\_\_

**Allergies:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Doctors:**

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_

**Pharmacies:**

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_

**Wallet Medication Card**

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

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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Start Date	Drug Name & (Strength)	Dose <small>(pills, units, puffs, drops)</small>	When do you take it? <small>How many times a day? Morning &amp; night? After meals?</small>	Reason <small>Why do you take it?</small>	Start Date	Drug Name & (Strength)	Dose <small>(pills, units, puffs, drops)</small>	When do you take it? <small>How many times a day? Morning &amp; night? After meals?</small>	Reason <small>Why do you take it?</small>
1/1/06	Medicine (40 mg) <b>(Example)</b>	2 pills	Once a day with dinner	Heart					

gentler hands / SHARPER MINDS