

Universal Medication Form

Fold this form and keep it in your wallet

Date form started:

Name:	Address:
Phone Number:	
Birth Date:	

Emergency Contact/Phone numbers:

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)

TETANUS	FLU VACCINE	
PNEUMONIA VACCINE	HEPATITIS VACCINE	OTHER

Allergic To/Describe Reaction:	Allergic To/Describe Reaction:

LIST ALL MEDICATIONS 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).

DATE	NAME OF MEDICATION/DOSE	DIRECTIONS:	DATE STOPPED	NOTES: Reason for taking/name of doctor

Refer to back of form for directions, benefits of using the form, and how to get more copies.

How to Use the UNIVERSAL MEDICATION FORM

This Universal Medication Form is being given to you to help you keep track of all the prescription and over-the-counter medications you take when you are at home. If you need another form, you may either get one from your local hospital, pharmacy or doctor's office or go to www.alaha.org. The form is linked under "Resources."

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. **WRITE DOWN** all of the medications you are taking and list all of your allergies.
3. **TAKE THIS FORM** to all doctor visits, when you go for tests, and all hospital visits. If you are admitted to the hospital, you will be asked what medications you are taking, including over-the-counter medications and herbal supplements. If you give a copy of your Universal Medication Form to the hospital, it will help your doctors and nurses compare the medications you are taking with the new medications that may be ordered while you're in the hospital.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICATIONS** on this form. If you stop taking a certain medication, draw a line through it and write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or a family member to help you to keep it up-to-date.
5. In the **NOTES** column, write down the name of the doctor who told you to take the medication(s). You may also write down why you are taking the medication (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICATIONS TO TAKE AND WHICH MEDICATIONS TO STOP TAKING**. Since many changes are often made 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.
7. **CALL** your doctor, hospital or pharmacist if you ever have any questions about your medications.

How does this form help you?

1. Helps you and your family members remember all of the medications you are taking.
2. Provides your doctor(s) and others with a current list of all of your medications. Doctors need to know the vitamins, herbals and over-the-counter medications you take, in addition to your prescription medications.
3. Possible problems may be found and prevented by knowing what medications you are taking.

This information provided by Alabama's hospitals.