Universal Medication Form

Name:	Address:
Phone Number:	
Birth Date:	
Emergency Contact:	Phone Number:

Immunization Record (record the date/year of last dose taken, if known)

Tetanus	Flu Vaccine(s)
Pneumonia Vaccine	Hepatitis Vaccine
Other	

Allergies

Allergic To / Describe Reaction	Allergic To / Describe Reaction

List all medicines you are currently taking: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin)

Date	Name of Medication / Dose	Directions (Please do not use abbreviations)	Date	Doctor Name