St. Mary's Innovis Health
TRUSTED CARE. FOR ALL OF LIFE.

MEDICATION LIST

ALLERGIES		IMMUNIZATION *Record the date/year of last dose taken, if known*
Allergic To:	Describe Reaction:	Tetanus:
		Pneumonia Vaccine:
		Hepatitis Vaccine:
		Flu Vaccine(s):
		Other:

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

Name	Dosage	How often do you take this?	When you last took it *(include date and time)*	Notes: Reason for taking/Doctor Name
(Example) Aspirin	325 mg	Every morning	10/25 at 9:00 am	Prevent heartattack/ Dr. Johnsen

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

MEDICATION LIST

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 is 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.
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 the medication was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep this list current.
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).
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 current on your medications.

How does this form help you?

1. This form helps you and your family remember all of the medications you are taking.
2. This form provides your doctor(s) and other healthcare professionals with a current list of ALL of your medications. Doctors need to know the herbal supplements, vitamins, and over the counter medications you take.
3. This form helps you: concerns regarding your health may be found and prevented by having current information about medications you are taking.

Additional medications as needed:

Name	Dosage	How often do you take this?	When you last took it *(include date and time)*	Notes: Reason for taking/Doctor Name

For copies of this form visit the St. Mary's Innovis Health website at www.trustedcareforlife.org/hospital services/medicine management