The MED Card

My Medication Record

Name:

Birth date:

Phone Number:

Emergency Contact:
Phone number:

Primary Physician:
Phone number:
Location:

Pharmacy
Phone number:
Location:

Allergies (describe reaction):

Health Problems:

Other Health Care Providers and Specialties:

Comments (ie, blood type, organ donor status, or other health issues):

Vaccine Dates:
Pneumonia _____ Flu _____ Tetanus _____ Zoster _____
Other Vaccines _____

Card last updated on:
Keep this card with you at all times. Update it on a regular basis.
Always show this card to your doctor, nurse or pharmacist.

Name:

List all of the medications that you take. Be sure to include: prescription medications, over the counter medications, herbal medicines, vitamins and supplements.

(name, dose, daily schedule)	Start Date	Stop Date

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Directions for layout:
Finished card is designed to be 8 ½ x 3 ½". The two panels should be printed back to back.
Insert logo or organization name and phone number if desired at top left corner.
Use card stock. Layout with each card front and back.
Can get 3 cards per 8 ½ " x 11" page.
Score to fold to wallet size (3 scores to fold in 4 sections)