HOW DOES THIS FORM HELP YOU?

I. This form helps you and your family members remember all of the medicines you are taking.

II. This form provides your doctor(s) and others with a current list of **ALL of your medicines** (example: nitroglycerin), **including the herbals** (examples: ginseng, gingko), **vitamins**, and **over-the-counter medicines** (examples: aspirin, antacids) you take.

To Our Valued Patients:

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 MEDICINES** 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 MEDICINES** on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or 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 medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).

6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING.** Since many changes are often made after a hospital stay, a new form may be filled out. When you return to your doctor, take your most current form with you. This will keep everyone up-to-date on your medicines.

For copies of the UNIVERSAL MEDICATION FORM, visit: www.OwensboroHealth.org
Know Your Medicines:
"UNIVERSAL MEDICATION FORM"

Fold this form and keep it in your wallet/purse

Date form started:

1. **MY Personal Information:**
   - Name: ____________________________
   - Street Address: ____________________________
   - City/State: ____________________________ Zip Code: ____________ Phone: ____________________________
   - Birth Date: __/__/____
   - Physicians: ____________________________

2. **MY Emergency Contact/Phone Numbers:**
   - ____________________________
   - ____________________________
   - ____________________________

3. **MY Immunization Record:**
   - **TETANUS:** ____________________________
   - **PNEUMONIA VACCINE:** ____________________________
   - **FLU VACCINE(S):** ____________________________
   - **HEPATITIS VACCINE:** ____________________________
   - **OTHER:** ____________________________
   - **Allergies? Describe reaction(s):**

4. **MY MEDICATION Information:**

   **LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:**
   - **Prescription medicines** (example: nitroglycerin), **including the herbs** (examples: ginseng, gingko), **vitamins,** and **over-the-counter medicines** (examples: aspirin, antacids) you take.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF MEDICATION/DOSE</th>
<th>DIRECTIONS: (No abbreviations) Use patient friendly directions.</th>
<th>DATE STOPPED</th>
<th>NOTES: Reason for taking/Doctor Name</th>
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