

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(s)	
Pneumonia Vaccine	Hepatitis Vaccine	Other	
Medication Allergies / Describe Reaction:		Other Allergies / Describe Reaction:	

**List all medicines 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: Use patient-friendly directions. (Do not use medical abbreviations.)	Date Stopped	Notes: Reason for taking / Doctor's name

## PATIENT:

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 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 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 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 medicines.

## HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family members remember all of the medicines you are taking.
2. This form provides your doctor(s) and others with a current list of all your medicines. Doctors need to know the herbals, vitamins and over-the-counter medicines you take.
3. This form helps reveal concerns that may be prevented by knowing what medicines you are taking.

## WHERE TO DOWNLOAD THIS FORM

To download additional copies of the Universal Medication Form, please visit

[crmcinc.org/patients-visitors/medform/](http://crmcinc.org/patients-visitors/medform/)

# UNIVERSAL MEDICATION FORM

Name: \_\_\_\_\_



**Coffeyville Regional  
Medical Center**

[www.crmcinc.org](http://www.crmcinc.org)

**1400 West 4th Street  
Coffeyville, Kansas 67337**

*Your partner in health.*

Fold Along Line