

UNIVERSAL MEDICATION FORM

Date form started:

Name:	Allergies:
Birth Date:	
Phone Number:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: 1) Prescription and over-the-counter medications (examples: aspirin, antacids) herbals (examples: ginseng, ginkgo), and vitamins. Include medications taken as needed (example: nitroglycerin). Please also include if you received any injections recently, i.e. steroids. **2) CROSS OFF** any medications you no longer take. **3) Keep a copy of this card with you** at all times. Show this card to every doctor visit on every visit, every visit to an emergency room and on admission to any hospital. **4) NEVER** take drugs prescribed for someone else.

OFFICE USE ONLY

DATE PRESCRIBED:	MEDICATION /VITAMIN/ DOSE	DIRECTIONS: (How many times a day do you take this and when.)	Medication held due to procedure		DATE STOPPED	Notes: Reason for taking / Doctor Name	Name of Medication in Office		Contra-indicated?	
			Yes	No			Yes	No	Yes	No
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	
			Yes	No				Yes	No	

Patient Signature if applicable _____ Date _____ 20__

Responsible Adult Signature _____ Date _____ 20__

Signature of representative of organization accepting the patient _____ Date _____

Updated: (List all dates updated)

Patient/Guardian Signature Date

Patient/Guardian Signature Date

Organizational Representative Signature Date