

UNIVERSAL MEDICATION FORM

[Fold this form and keep it in your wallet]

Name: _____ Date form started: _____
 Birth Date: _____ Emergency Contacts (name and number) _____
 Address: _____ 1 _____ () _____ - _____
 Phone Number: _____ 2 _____ () _____ - _____

IMMUNIZATION RECORD (Record the date/year of the last dose taken, if known)

Tetanus _____ Flu Vaccine(s) _____ Other _____
 Pneumonia Vaccine _____ Hepatitis Vaccine _____

Allergic To	Describe Reaction	Allergic To	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 and Dose	DIRECTIONS: Use patient-friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	NOTES: Reason for taking and Doctor's Name

Universal Medication Form

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 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. Provides your doctor(s) and others with a current list of ALL of your medicines. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
3. Helps you — concerns may be found and prevented by knowing what medicines you are taking.



For copies of the Universal Medication Form visit the South Carolina Hospital Association web site at www.scha.org.