



Patient Name:  
Phone Number:

**Emergency Phone Numbers:**

<b>Personal Contact:</b>	<b>Phone Number:</b>
<b>Primary Physician:</b>	<b>Phone Number:</b>
<b>Other Physician:</b>	<b>Phone Number:</b>
<b>Pharmacy:</b>	<b>Phone Number:</b>

**Important Instructions:**

- Please fold this form and keep it with you all the time to show when asked about your medications.
- If you start any new medication or over-the-counter products, add these to your list.
- If you stop a medication or over-the-counter product take it off the list –cross it out.
- Always ask your doctor or the pharmacist questions about the medication and possible side effects such as:
  - What do I do if I have an unpleasant or serious reaction?
  - For how long do I need to take this medication?
  - When and how do I take it?
  - Which foods, drinks, or medications do I need to avoid?

**IMMUNIZATIONS**      **Dates** (List the date or year of last dose taken, if known)

<input type="checkbox"/> PNEUMONIA VACCINE:	<input type="checkbox"/> FLU VACCINE(S):	<input type="checkbox"/> Tetanus:
<input type="checkbox"/> I have no known allergies		

I Am Allergic To: List your allergies	The Reaction I Have Is:

**Important Medical Problems**

- Diabetes   
  Liver Disease   
  Kidney Disease   
  Heart Disease   
  High Blood Pressure  
 Other: \_\_\_\_\_

Extra forms are available at many doctors' offices, pharmacies, and [www.gha.org/pha](http://www.gha.org/pha)

**MEDICATIONS: List all prescription medications and include medications taken as needed (example: nitroglycerin).**

Name of Medication	Dose or Strength	Amount Taken Or How Much	How Often or Time of Day Taken	Why Taking
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

**OVER-THE-COUNTER MEDICATIONS: (examples: aspirin, antacids, cold or cough medicine), creams, inhalers, vitamins, and herbals (examples: ginseng, ginkgo, special teas).**

Name	Dose or Strength	Amount Taken Or How Much	How Often or Time of Day Taken	Why Taking
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				