

freemanhealth.com
417.451.1234 - NEOSHO
417.347.1111 - JOPLIN



Why taken?	How often?	How much?	Name of medication(s)
			11.
			12.
			13.
			14.
			15.
			16.
			17.
			18.
			19.
			20.



PATIENT MEDICATION RECORD



PLEASE PRINT WHEN FILLING OUT THIS CARD

PATIENT INFORMATION

Last name	First	Middle
Date of birth		
Primary care doctor		Phone
Specialist		Phone
Pharmacy		Phone
Emergency contact		Phone

IMMUNIZATION HISTORY – List month/year of last vaccination

Tetanus	Hepatitis	Flu
Pneumonia	Other	

ALLERGIES – Food, medication, and environmental

Allergic to		Describe reaction	

CURRENT MEDICATION

Please list all medications you currently are taking, including prescription and over-the-counter medicines, herbs, and supplements. Keep this list with you at all times, especially when you see a physician or are admitted to the hospital. **Cross off any medications you are no longer taking.**

Name of medication(s) Example: Reglan	How much? 10 mg	How often? 4 times daily	Why taken? Stomach problems
Name of medication(s)	How much?	How often?	Why taken?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please continue medications on back if necessary.