MEDICATION LIST

Patient Information			
Last name	First name		
Date of birth			
Primary care physician			Phone
Specialist			Phone
Pharmacy			Phone
Emergency contact			Phone

Immunization history - list month/year of last vaccination			
Flu		Hepatitis	Pneumonia
Tetanus		Other	

Allergies - food, medication, and environmental			
Allergy		Describe reaction	

Current medications

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	How much?	How often?	Why taken?

Please continue medications on back if necessary.

FREEMAN Health System

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