UNIVERSAL MEDICATION FORM

Patient:

- 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. You can locate and print a new form on our website under the "patient" tab. 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.



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DOCTORS HOSPITAL-AUGUSTA

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet			Date form started:		
Name:			Address:		
Phone Number:					
Birth D					
Emerge	ency Contact/Phone numb	ers:			
	IMMUNIZATION	RECORD (Reco	rd the date/year of last dose tak	en, if known)	
TETANUS		FLU VACCINE(S)			
PNEUMONIA VACCINE		HEPATITIS VACCINE		OTHER	
Allergic To /Describe Reaction:			Allergic To /Describe Rea		
medicat	L MEDICINES YOU ARE C ions (examples: aspirin, anta ions taken as needed (exam	icids) and herba	als (examples: ginseng, n).		ude
DATE	NAME OF MEDICATION / DOSE		DIRECTIONS: atient friendly directions. use medical abbreviations.)	DATE STOPPED	Notes: Reason for taking / Doctor Name

Refer to back of form for directions, benefits of using the form, and how to get more copies.

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