University Health Care
Hospitals & Clinics

The Med Card

My Medication Record

Name: **Birth Date:**

Phone Number: **Cell Phone:**

Emergency Contact:
  Phone number:

Primary Physician:
  Phone number:
  Location:
Pharmacy:
  Phone number:
  Location:

Allergies (describe reaction):

Health Problems:

Other Health Care Providers and Specialties:

Comments (ie, blood type, organ donor status, or other health issues):

VACCINE DATES:
Pneumonia _________ Flu _________ Tetanus _________ Zoster _________

Other Vaccines ____

Card last updated on (list dates):

Name:

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List all of the medications that you take. Be sure to include:

- ☐ **Your prescription medications**
- ☐ **Over-the-counter medications (such as pain relievers, antacids, antihistamines**
- ☐ **Herbal medicines**
- ☐ **Vitamins or supplements**

Medication name	Dose and directions for use	Reason for taking medication	Date Started	Date Stopped

Use an extra card if needed to list everything.
Keep this card with you at all times. Update it on a regular basis.
Always show this card to your doctor, nurse or pharmacist at your visits.