The MED Card

MY MEDICATION RECORD

Intermountain® Healthcare

Name:

Birthdate: Phone Number:

Emergency Contact:

Phone Number:

Primary Physician:

Phone Number:

Location:

Pharmacy:

Phone Number:

Location:

Other healthcare providers and specialists:

Allergies (describe reaction):

Health Problems:

Vaccine Dates:

Pneumonia_____ Flu_____ Tetanus_____ Zoster_____

Other Vaccines _____

Comments (ie, blood type, organ donor status, other info):

Card last updated on: | | | |

Keep this card with you at all times. Update it on a regular basis.
Always show this card to your doctor, nurse or pharmacist.
Ask your pharmacist for a new card when you need one.

Prescribed Medicine:

(name, dose, daily schedule)	Start Date	Stop Date

Over-the-Counter Medicine:

(name, dose, daily schedule)	Start Date	Stop Date

Herbs and Supplements:

(name, dose, daily schedule)	Start Date	Stop Date

Habits (ie, cigarettes)