

The MED Card



MY MEDICATION RECORD

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) _____

Printable MED Card

To have a wallet-sized MED Card:

1. Cut on the dotted line below.
2. Fold in half lengthwise.
3. Fold in half crosswise two times, so the MED card is the size of a business card.

Throw away this portion, fill out the MED card, and keep it in your wallet.

