Reading labels, making a medicine list

Name:

Name of medicine (Brand and generic name)	Dose	Taking the medicine: When? How?	Reason for taking?	Date started	Date stopped	Prescribed by…

<u>LIST OF CURRENT MEDICINES:</u> List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Name	Date of Birth	Sex (select one)	Height	Weight
		Male Female		

Address	Phone Number(s)	Emergency Contact
	Home:	Name:
	Work:	Relation:
	Mobile:	Phone:

Allergies and Reactions (please describe what happened when you took the medicine)		

Doctor / Dentist / Other Prescriber's Name	Phone Number	Type of Practitioner / Reason for Seeing

Pharmacy Name	Phone Number	Location

Vaccines (Date of Last Dose)
Flu:
Tetanus, diphtheria, pertussis:
Pneumonia:
Zoster (Shingles):
Hepatitis B:
Other:

Additional Information / Comments
1 – ScriptYour Future;

LIST OF CURRENT MEDICINES (continued):

Medicine (Brand and generic name)	Dose	How and how often you take the medicine	Reason for taking	Date started	Date stopped	Doctor name