Date	Medication	Directions	Stopped	Notes:

UNIVERSAL MEDICATION FORM

Patient:

1. **ALWAYS KEEP THIS FORM IN A CONVENIENT, EASILY ACCESSIBLE LOCATION. You may want to make a copy and keep it in your wallet or purse 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 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 keep your record 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. 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 other-the-counter medicines you take!**

3. **PROTECTS YOU-concerns may be found and prevented by knowing what medicines you are taking.**