My Personal Medication Record

Complete, fold and store this sheet in your wallet to take to the hospital, doctor's office and pharmacy.

Name: _____ Date Completed: _____

Address: _____

Phone: _____ Birthdate: _____

Emergency Contact: _____

Primary Pharmacy & Phone Number: _____

Primary Physician & Phone Number: _____

Allergies and Drugs to Avoid: _____

MATAGORDA REGIONAL MEDICAL CENTER

Your Health. Your Hospital.

Be an Active Member of Your Health Care Team

- Bring this list of your medicines each time you go to the hospital, your doctor or pharmacy.
- Update the list as needed.
- Make sure your providers know everything that you are taking, including prescription & over-the- counter medicines & dietary supplements such as vitamins & herbs.
- Make sure your providers know of any allergies & reactions you have had to medicines.
- When you receive a new prescription, make sure you understand what it's for and ask for information about the medication in terms you can understand.

Vaccination Record (include date administered)

❒ Tetanus _____
❒ Pneumonia Vaccine _____
❒ Flu Vaccine _____
❒ Hepatitis B Vaccine _____
❒ Other _____

Current Medications (Including prescription, over-the-counter medicines, dietary supplements, vitamins and herbs)

Medications	Dosage/How Often	Purpose	Date Prescribed	Prescribing Doctor

Please complete reverse side.

Medical Conditions:
(check all that apply)

- ❒ Anemia
- ❒ Arthritis
- ❒ Asthma
- ❒ Bleeding Disorder
- ❒ Cancer
- ❒ Chronic Hepatitis or HIV
- ❒ Chronic Obstructive Pulmonary Disease (COPD)
- ❒ Depression
- ❒ Diabetes
- ❒ Heart Disease/Problems
- ❒ Hypertension/High Blood Pressure
- ❒ Kidney Disease
- ❒ Lung Disease
- ❒ Migraines
- ❒ Pacemaker/Defibrillator
- ❒ Seizures
- ❒ Stroke
- ❒ Ulcers
- ❒ Other:

_____

_____

_____

Surgical History
(please list & include date of surgery)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medications	Dosage/How Often	Purpose	Date Prescribed	Prescribing Doctor

Please check any advance directive that you have completed and list where they are located:

❒ Directive to Physician / Living Will	Location:
❒ Medical Power of Attorney	Location:
❒ Out of Hospital DNR (Do Not Resuscitate Order)	Location:
❒ Declaration for Mental Health Treatment	Location: