CATHOLIC HEALTH INITIATIVES

Memorial Health Care System

Know Your Meds!

This form can speak for you in case of a medical emergency.
Fill it out completely and carry it with you at all times.

Name:	Address
Phone number:	
Birth Date:	
Emergency Contact/Phone numbers:	
Primary Care Physician:	
Specialist(s):	
Hospital of Choice:	

Immunization Record (Record the date/year of last dose taken, if known)		
Tetanus	Flu Vaccine(s)	
Pneumonia Vaccine	Hepatitis Vaccine	Other

Allergic To/Describe Reaction:	**Allergic To/Describe Reaction:**

List all medicines and dosages you are currently taking: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications take as needed (example: nitroglycerin).

Date	Name of Medication/Dose	Directions/Reason for Medication

Remember to update this form whenever your medications change.