

Physicians:

NAME: _____
PHONE: _____

NAME: _____
PHONE: _____

NAME: _____
PHONE: _____

Immunizations:

PNEUMOVAX: Last dose _____
INFLUENZA: Last dose _____
TETANUS: Last dose _____

Your Personal Information:

NAME: _____
PHONE: _____
ALLERGIES: _____

Pharmacies:

NAME: _____
PHONE: _____

NAME: _____
PHONE: _____

Emergency Contact:

NAME: _____
PHONE: _____
RELATIONSHIP: _____

What medications should be included?

Prescription medicines • Over-the-Counter medicines • Vitamins • Herbal remedies • Nutrition pills • Respiratory therapy meds (such as inhalers) • Blood factors (such as Factor VIII) • IV solutions • IV nutrition



STUDENT Health Services
at the Wilce Student Health Center

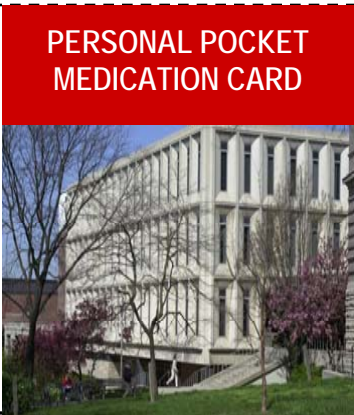
MEDICATION RECORD Drug Name & Strength	Pill/Dose	Time/Day	Reason for taking	Date Started	Date Stopped
Medicine 40 mg (sample)	2 pills, twice a day, with meal		Heart	1/1/06	

Cut along dotted line

Fold here

Fold here

*Fold in half before folding in thirds.



Wilce Student Health Center
1875 Millikin Road
Columbus, OH 43210
(614) 292-4321

How to Fill Out Your Wallet Medication Card –

This wallet medication card was made to help you to remember all of the medicines you are taking. Giving your doctor, hospital, or other healthcare workers a complete list of medicines helps them take better care of you.

1. **Always keep this card on you.** Fold it and keep it in your wallet, so it will be handy in case of emergency.

2. **Fill out information at the top of the form:**
Emergency Contact: Write the name and phone number of the person that you would want contacted in case of an emergency. It is important to list this person in case you are too ill to provide emergency medical workers with information.

Doctor and Pharmacy Information: Write the name and phone number of each of your doctors and each pharmacy where you get your prescriptions filled. This information will make it easier for your doctor or other healthcare workers to figure out whom to call with questions about your medicines if you can't answer questions.

Last Adult Immunizations: Write the month and year of your most recent vaccinations (for example flu or tetanus shot).

Allergies: List all allergies that you have, including allergies to medicines and to food.

3. **Fill out the information on the reverse of the form:** Write down **ALL** medicines you take (a list of the kinds of medicines to include is provided at the top of the form).

Start date: Write the date you began taking each medicine. If you don't know the date, list the month that you began taking the medicine (or the year if you have been taking the medicine for a long time).

Drug name and strength: For each of your medicines, copy the name of the medicine and strength from the label of the medicine bottle or other container (for example, Aspirin 40mg).

Dose: Write how much of the medicine you take each time (for example, 2 pills, 3 drops, 2 puffs).

When do you take it: Write how many times a day you take the medicine, what time of day you take it, and if you take it before or after meals.

Reason you are taking: Write the reason your doctor said you need the medicine (for example, for your heart).

4. **Update this form when you change any medicine:** Take this form to all doctor visits, when you go for any medical tests, and all hospital visits. Write down any changes made to your medicines or have your healthcare provider write down the changes if you have questions; cross out any medicines that you have stopped taking, add new medicines, or change the dose.