

List your Allergies, Sensitivities,
& Reactions here:

Form #2327 (2/10)

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& Reactions here:

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**What I Need to Know
About Each Medication**

- What is the name of each medication?
- What is it for?
- How much should I take, and when?
- How should I take it? With food?
- How long should I take it?
- What should I do if I miss a dose?
- Are there any side effects?
- What should I do if I have side effects?
- Is it safe to take with other medication I am taking, including over-the-counter medications, vitamins, or herbals?
- What food, beverages, or activities should I avoid while taking it?

www.drugs.com
www.safemedication.com

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**Know
Your
Medications**

Name _____

Dr's Name _____

Pharmacy Name _____

Pharmacy Phone Number _____



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Cut to 7" x 3.5"

Current Prescription medications:

Name Dose Frequency

Pneumonia Vaccination Received:
(month/year) _____

Influenza Vaccination Received:
(month/year) _____

Tetanus Vaccination Received:
(month/Year) _____

Fold on lines



**Routine "Over-the-Counter"
Medications:**

Current Prescription medications:

Name Dose Frequency

Pneumonia Vaccination Received:
(month/year) _____

Influenza Vaccination Received:
(month/year) _____

Tetanus Vaccination Received:
(month/Year) _____

Fold on lines



**Routine "Over-the-Counter"
Medications:**

Current Prescription medications:

Name Dose Frequency

Pneumonia Vaccination Received:
(month/year) _____

Influenza Vaccination Received:
(month/year) _____

Tetanus Vaccination Received:
(month/Year) _____

Fold on lines



**Routine "Over-the-Counter"
Medications:**
