Yoakum County Hospital

NAME:

DATE OF BIRTH:

PRIMARY CARE DOCTOR:

PHARMACY NAME / NUMBER:

UNIVERSAL MEDICATION FORM   *Patients: Fold this form and keep it in your wallet for easy access.*

Emergency Contact/Phone Numbers: Yoakum County Hospital   (806) 592-2121

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: *Use reverse side if needed*	**Allergic To/Describe Reaction:**

Medications: List all prescription and over-the-counter medications you are currently taking. (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin). Use reverse if needed .

NAME OF MEDICATION / DOSE	**DIRECTIONS/NOTES:** Use patient friendly directions. (Do not use medical abbreviations.)	**COMMENTS** (reason for use, date started or stopped, Prescriber, etc)

Reminders to patients:
1. Please fold this form and keep it in your wallet for easy access.
2. If you start to take any new over-the-counter meds or herbals, add these to your list so you will have a complete list.
3. Show this form each time you are asked which medications you take (doctor visits, diagnostic tests, emergency room, hospital, etc.) This will save you time. Continue to update the form.
4. Extra forms are available at many doctors' offices, pharmacies, and www.ych.us. Additional room on reverse side.

PROMOTE MEDICATION SAFETY BY TELLING OTHERS ABOUT THE BENEFITS OF USING THE UNIVERSAL MEDICATION FORM

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PAST MAJOR SURGICAL PROCEDURES AND OTHER MAJOR HOSPITALIZATIONS WITH APPROXIMATE DATE	

Cont'd from pg 1. Use to list additional medications, including prescription, over-the-counter, and herbals		
NAME OF MEDICATION / DOSE	**DIRECTIONS/NOTES:** Use patient friendly directions. (Do not use medical abbreviations.)	**COMMENTS** (reason for use, date started or stopped, Prescriber, etc)

Cont'd from pg 1. Use to list additional allergies and reactions.	
Allergic To/Describe Reaction:	**Allergic To/Describe Reaction:**