

Allergy and Problem Information

List any allergies or problems you have with medicines, foods, latex, etc. and what happens to you when you take or use them.

Name of Medicine/Drug	What Happens?
_____	_____
_____	_____
_____	_____
_____	_____

Food or other allergies	What Happens?
_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT NUMBERS

Family Doctor _____ Phone _____

Other Doctors/Providers _____ Phone _____

Prescriptions filled at: _____ Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Other Contact _____ Phone _____

PERSONAL RECORD

Blood tests – Date _____ HbA_{1c} _____

Cholesterol, Total _____ LDL _____ HDL _____

Date	Weight	Blood Pressure
TARGET		

HOW TO USE THIS CARD:

- List all medicines** you take. This includes any without a prescription, eye drops, skin patches, vitamins, herbals, birth control, etc.
- Use a pencil** so you can make changes.
- Keep the card up-to-date.** If you or your doctors make any changes, add or take away any medicine, change the list.
- Take the card** with you anytime you go to a hospital, clinic or doctor.

- ALSO
- ✓ Check refill dates on the label of prescriptions so you don't run out of medicines.
 - ✓ Ask your doctor, nurse, or pharmacist to help you learn more about your medicines and how to take them safely.



DEVELOPED BY:
 Martha Jefferson Hospital
 UVA-HealthSouth Rehab Hospital
 UVA Health System

KEEP IN YOUR WALLET

Personal Medicine List



Carrying a list of all the medicines you take may save your life.

