Institute for Safe Medication Practices
www.ismp.org

Name: _____

UNIVERSAL MEDICATION FORM

(Always keep this form with you. Instructions on page 4.)

Name	Date of Birth	Sex (circle one)	Height	Weight
		Male Female		

Address	Phone Number(s)	Emergency Contact
	Home:	Name:
	Work:	Relation:
	Mobile:	Phone:

Allergies (please describe reaction)		

Doctor / Dentist / Other Prescriber's Name	Phone Number	Type of Practitioner / Reason for Seeing

Pharmacy Name	Phone Number	Street/City/State

Additional Information / Comments

Immunizations (Date of Last Dose)
□ Tetanus:
□ Pneumonia Vaccine:
□ Flu Vaccine:
□ Hepatitis Vaccine:
□ Other:

Date Updated: _____

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LIST OF CURRENT MEDICATIONS:

List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, albuterol, nitroglycerin).

Medication (Brand and Generic Name)	Dose	How and How Often You Take the Medication	Reason for taking	Date Started	Prescriber

Check here if additional pages of medicine list attached [ ]

Date Updated: _____

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Name: _____

Continuation of List of Current Medications

List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, albuterol, nitroglycerin).

Medication (Brand and Generic Name)	Dose	How and How Often You Take the Medication	Reason for taking	Date Started	Prescriber

Date Updated: _____

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Universal Medication Form – Instructions for Use

- **ALWAYS KEEP THIS FORM WITH YOU.** Keep it in your wallet. Give a copy to your emergency contact, another family member or friend. Take it with you when you pick up prescriptions.

- **Doctor/dentist office**. Take this form to ALL doctor visits, when you go for appointments, tests and ALL hospital visits.

- **Allergies**. List any reaction you have experienced from medicines that required you to stop taking that medicine such as allergies or bad side effects. Also include any allergy to dye, food, or insects, etc. Also write what happens to you if you are exposed to these things.

- **Doctor/dentist/nurse practitioner/other prescriber**. List their names and a phone number in case they need to be contacted about your medicines.

- **Pharmacy**. List their names, phone number, and location in case there are questions.

- **List of medicines**. Write the brand and generic name of each medicine, your dose, how often and how (by mouth, under your tongue, injection, etc) you take it. If you stop taking a certain medicine, draw a line through it and list the date you stopped taking it. If you need extra pages, remember to write your name on each one. List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion or "as needed." (like Motrin, Aleve, Tylenol, nitroglycerin).

- **Hospital visits**. Always ask your nurse, pharmacist or doctor to help you update your list when you leave the hospital. You need to know what medicines to take and what to stop taking. Bring the updated form to any and all follow up appointments at your doctor's office or hospital.

Date Updated: _____