

Pharmacy: _____ Phone: _____ Allergic to: _____ Describe reaction: _____
 Location: _____ Allergic to: _____ Describe reaction: _____

Date	Name of Medication	Dose	Directions for Taking	Reason for Taking	Prescribing Physician	Stopped

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Name: _____ Address: _____
 Birth Date: ____/____/____
 Emergency Contact: _____
 Relationship: _____ Ph: _____
 Primary Physician: _____
 Phone: _____
 Specialty Physician: _____
 Phone: _____
 Advance Directives: Yes No
 Patient Signature: _____

List all medications you are currently taking: Prescriptions AND over-the-counter medications (examples: aspirin, antacids) AND herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin). Continue listing medications on reverse side if needed. *This is a true and accurate list of my current medications to the best of my knowledge.*

Directions for Use

1. Print this file. *Best results and permanence may be achieved using a laser printer.*
2. Completely fill out all applicable contact and medication information. *Best results and permanence may be achieved using a ball point pen.*
3. Using scissors or a paper cutter, carefully cut around the outside edges of the card.
4. Fold lengthwise along the dotted line, leaving the printed side visible on the outsides when folded.
5. Holding the paper so you can see the numbered arrows and where the number one is closest to you, begin folding at the first arrow. Each numbered fold should be made in the opposite direction from the last.
6. When finished folding at arrow number three, title and logos should be visible on the front panel of the folded card.

Remember to update the Universal Medical Pocket Card regularly when your medication or contact information changes.



this card **CAN SAVE**
 your **LIFE**
 Universal Medication
 Pocket Card