

Academy of the Holy Family – Health Department

My Medicine Record – Part 1

Please translate all information into English

My Personal Contacts

Name _____

Date of Birth _____

Phone Number _____

Cell Phone _____

Emergency Contact

Name _____

Relationship _____

Cell Phone _____

Phone Number _____

Primary Care Physician

Name _____

Phone Number _____

Pharmacy / Drugstore

Name _____

Phone Number _____

Allergic Reaction or Other Problem I've Had With ...

any medicine, dietary supplement, skin cleaner, tape...

My Medical Conditions and Operations

Questions I Should Ask About Medicine or Dietary Supplements

- ❖ When should I report back to the Doctor?
- ❖ Are there any special directions for using this medication?
- ❖ Should I avoid any other medicines, dietary supplements, or treatments while using this medication?

Should I avoid any drinks, foods, other substances, or activities while using this medication?
 What should I do if I miss a dose? What do I do if I use too much of this medication?

Names of Non-Prescription Medicines I am Taking:

_____ Cold or cough Medicine

_____ Pain Reliever

_____ Allergy Relief Medicine

_____ Antacids

_____ Laxatives

_____ Menstrual Cramps

Other: _____

Names of Vitamins, Herbals, and Supplements I am Taking:

Vitamins (type): _____

_____ Glucosamine Chondroitin

_____ Ginkgo Biloba

_____ St. John's Wort

_____ Ginseng

Other: _____

Medicines I should not take because of bad reactions or allergies: _____

My Medicine Record - Part 2

Name: _____

	What I'm Using Prescription medication name or over-the-counter medication name	What it Looks Like color, shape, size, marking, etc.	How Much	When to Use	Start / Stop Dates	Why Am I Using	Who told Me to Use
<i>... Enter ALL prescription medicine (include samples), over-the-counter medicine, and dietary supplement ...</i>							
Ex	XXXX/xxxxxxxxxx	20 mg pill; small, white, round	40 mg; use 2-20 mg pills	2 times a day; take at 8 a.m. & 8 p.m.	1/15/2006	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-06	Dr. X
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

These are my medicines as of: _____