Walpole Area Visiting Nurse Association

My Personal Medication Record

►My Personal Information

Name _____

Date of Birth _____

Phone Number _____

Emergency Contact
Name _____
Relationship _____
Phone Number _____

Primary Care Physician _____
Name _____
Phone Number_____

Pharmacy/Drugstore _____
Phone Number _____

►How to Use This Guide

*Use the booklet to keep track of your medications (including prescription drugs, over-the-counter (OTC) drugs, herbal supplements and vitamins.

*Share the information with your doctors and pharmacists at all visits
*Keep it always with you.
*Use a pencil.

You should review this record when
*Starting or stopping a new medicine.
*Changing a dose.

Last updated: _____

►Other Physicians

Name of Physician _____
Specialty _____
Phone Number _____

Name of Physician _____
Specialty _____
Phone Number _____

Name of Physician _____
Specialty _____
Phone Number _____

►My Allergies

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►My Medical Conditions

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