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STEP 1.

Print MedCard on 1 page – print on front and back. [Card to print is on pages 3 and 4]

Set printer 'Page Scaling' to "NONE." Or, for a larger card, set this to "Fit to Page."

STEP 2.

Trim MedCard edges .

MedCard for:

Name:________________

____

Date of birth:___________

Phone:_______________

Emergency Contact

Name:________________

Phone:_______________

My Health Conditions:

- ☐ Arthritis
- ☐ Diabetes
- ☐ Cancer
- ☐ Stroke
- ☐ Seizures
- ☐ Lung problems
- ☐ Heart problems
- ☐ High blood pressure
- ☐ Kidney problems
- ☐ Liver problems
- ☐ Joint replacement
- ☐ Contact lenses
- ☐ Dentures/partials
- ☐ Lens implant (in my eye)
- ☐ Pacemaker (for my heart)
- ☐ Defibrillator (for my heart)
- ☐ Hearing aid
- ☐ Other:____________
- ☐ Do you smoke? Last quit attempt __/__/___

Advance Directives I Have

- ☐ Living Will
- ☐ Durable Power of Attorney for Health Care
- ☐ Neither

Always ask:

1. What is the name of the medicine? What is it for?
2. How and when do I take it? How long do I take it?
3. Do I need to stay away from any foods, drinks, other medicines or activities while I take this medicine?
4. Are there any side effects? What do I do if they happen?
5. Where can I find out more about this medicine?

Past Surgeries (Operations)	Year

Allergies (Medicine, Food, Latex, other)	Reaction (What happens)

My Doctor and Pharmacy

Doctor's Name:________________

Doctor's Phone Number:____________

Pharmacy Name:________________

Pharmacy Phone Number:___________

Other Doctors:________________
(specialists)

Vaccination Dates:

Flu:________________

Tetanus:____________ Pneumonia:____________

MMR:____________ Tetanus/diphtheria:____________

STEP 3.

Fold MedCard in half along dotted line:

MedCard for:

Name:________________

____

Date of birth:__________

Phone:______________

Emergency Contact

Name:________________

Phone:________________

My Health Conditions:

- ☐ Arthritis
- ☐ Diabetes
- ☐ Cancer
- ☐ Stroke
- ☐ Seizures
- ☐ Lung problems
- ☐ Heart problems
- ☐ High blood pressure
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Doctor's Name:________________

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Pharmacy Name:________________

Pharmacy Phone Number:________________

Other Doctors:________________
(specialists)
____
____
____

Vaccination Dates: Flu:________________

Tetanus:____________ Pneumonia:____________

MMR:____________ Tetanus/diphtheria:____________

STEP 4.

Fold MedCard into quarters along dotted lines:

MedCard for:

Name:________________

____

Date of birth:__________

Phone:______________

Emergency Contact

Name:________________

Phone:________________

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- ☐ Arthritis
- ☐ Diabetes
- ☐ Cancer
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MedCard for:

Name: ____________________

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Date of birth: ____________

Phone: ____________________

Emergency Contact

Name: ____________________

Phone: ____________________

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____

Vaccination Dates:

Flu: ____________________

Tetanus: ______________

Pneumonia: ______________

MMR: ______________

Tetanus/diphtheria: ______________

Personal Medicine Record for:____

- Use a pencil.
- Do not list medicines I will take for less than two weeks (example: antibiotics).
- List all medicines I take, including prescriptions, eye drops, inhalers/nebulizers, oxygen, creams and ointments, birth control pills, etc.

Date added or changed	Medicine	How much? (Strength/ Dosage)	How often do I take it?	What is it for?	Doctor who prescribed it

Over-the-Counter Medicines (medicines you can buy without a doctor's order): (Check all that you use regularly.)

- ❑ Allergy medicine, antihistamines
- ❑ Antacids (for heartburn or stomach)
- ❑ Aspirin
- ❑ Cold/cough medicines
- ❑ Diet pills
- ❑ Herbals, dietary supplements, hormones
- ❑ Laxatives
- ❑ Sleeping pills
- ❑ Vitamins, minerals
- ❑ Pain, headache or fever medicine
- ❑ Other (List):________________ ____________________________

Always:

- ✔ Keep this card with you.
- ✔ Give this card to your doctor to be checked and updated.
- ✔ Always give this card to your pharmacist when you get a new medicine.
- ✔ Keep insurance cards with this card.
- ✔ Use the same pharmacy if you can.