

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: USE PATIENT FRIENDLY DIRECTIONS. DO NOT USE MEDICAL ABBREVIATIONS	DATE STOPPED	REASON FOR TAKING / MD NAME

IMMUNIZATION RECORD (Record the last dose taken)
TETANUS
PNEUMONIA VACCINE
FLU VACCINE
HEPATITIS VACCINE

COMMENTS

PATIENTS:

- 1. Always keep this form with you.**
- Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc). Take this form to ALL pre-assessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, out-patient visits).
- Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed ask Physician, Nurse or Pharmacist to help you fill out this form.
- In the COMMENTS column, record things like the name of the doctor who told you to take this medication. You may also add the reason for taking the medication (high blood pressure, high blood sugar, high cholesterol).
- Tell your family, friends and neighbors about the benefits of using this form.
- 6. For your medication safety - we recommend you use only 1 (one) Pharmacy for your medication needs.**