

Medication List For: _____ DATE _____

Allergies _____ Pharm.Name&Phone: _____

Medication Name	Dosage	How <u>MANY</u> do you take at 1 time	How many times a day do you take it?	Date Started/ and Reason
EXAMPLE BENICAR	20MG	2 TABS	TWICE A DAY	08/01/1998 For High Blood Pressure
Recent	Vaccines			
DATE OR YEAR	NAME OF VACCINE	FACILITY NAME		
	FLU			
	Pneumonia			
	H1N1			
	Tetanus			
	Other			