

Check All Conditions You Have:

- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- Renal Failure
- Stroke
- Other: _____
- _____
- Other: _____
- _____
- Other: _____
- _____

How to Use This Medication Record

- List your medicines, herbals and vitamins.
- List the dates of your last flu and pneumonia vaccines:
Flu: _____
Pneumonia: _____
- Show this card at every doctor's visit, ER visit, outpatient surgery or hospital admission.
- Cross off medicine you no longer take.
- Keep this card with you at all times.

Allergies: _____

Name: _____

Phone: _____

Medicare #: _____

Insurance Carrier: _____

Policy #: _____

Emergency Contact: _____

Phone: _____

My Doctor: _____

Office #: _____

My Doctor: _____

Office #: _____

Pharmacy #: _____

Your Medication Record



Morton Plant Mease

BayCare Health System

www.mpmhealth.com

In addition to this Medication Record, bring a copy of your Advance Directive or living will when you visit your doctor.

