

# MY MEDICATION INFORMATION

## Patient:

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies.
3. Take this form to **ALL** doctor visits, when you go for tests and **ALL** hospital visits.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to **keep it up-to-date**.
5. In the **PURPOSE** column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

## HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family members **remember** all of the **medicines you are taking** and provides your doctors with a **current list of ALL of your medicines**. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
2. **Helps you** remember what medicines you are taking, how you are taking them and why.

To obtain more copies, please contact  
the Dallas-Fort Worth Hospital Council at 972-719-4900.  
A wallet-sized card can also be downloaded at [www.dfwhc.org](http://www.dfwhc.org).





