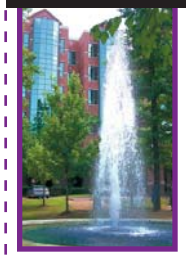
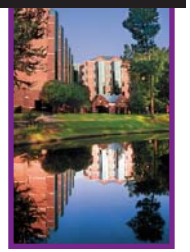
MEDICAL HISTORY

Please check all that apply:

- ❑ Asthma
- ❑ Heart Disease
- ❑ Diabetes
- ❑ Cancer
- ❑ Kidney Disease
- ❑ High Blood Pressure
- ❑ Other: _____

MY MEDICATION CARD





CHRISTUS ST. MICHAEL Health System

My Name: _____

Date of Birth: _____

Emergency Contact: _____

Phone: _____

Physician: _____

Phone: _____

Pharmacy: _____

Phone: _____

Date Info Entered: _____

Immunization Record

Please note Month/Year

Influenza				
Pneumonia				
Tetanus				
Other				

Known Allergies

Name	Describe Reaction

Medications

Prescriptions, over-the-counter (OTC), vitamins, herbal

Name & Dose	Pill	Frequency	Reason forTaking/Date Started
Medicine, 40 mg (example)	2 pills	Twice a day	Heart / 1-3-08

Cut on outside dotted lines - fold along inside solid lines. Makes a wallet-size card, 3"x 3".

To make wallet-size card, fold lengthwise first. Then fold along solid black lines from either the top or bottom.

Fold in half here, first

OUR MISSION: To Extend the Healing Ministry of Jesus Christ

- **Instructions for "My Medication Card"**

Keep this card in your wallet/pocketbook - it could save your life!

This easy-to-use card will help you and your family members record all of the various medications you are taking. With this card you can easily and quickly tell your doctor, hospital, or other healthcare professionals the complete and up-to-date list of medications you're taking. This, in turn, can help them take better care of you!

- **Update this form when you change any medicine:**

Take this form with you to all doctor visits, when you go for medical tests, and all hospital visits. Write down any changes made to your medicines, cross out any medicines that you have stopped taking, add new medicines, or change the dose.

- **Print this form whenever you need -- from the convenience of your own home.**

ASK for CHRISTUS ST. MICHAEL
Because You Expect More.®

CHRISTUS ST. MICHAEL Health System
2600 St. Michael Drive
Texarkana, TX 75503
christusstmichael.org