



# My Medication Record

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Preferred Pharmacy/Phone: \_\_\_\_\_

## Allergies and Drugs to Avoid/Adverse Reactions:

\_\_\_\_\_  
\_\_\_\_\_

## CURRENT MEDICATIONS:

List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals).

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date Started: \_\_\_\_\_

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Dosage: \_\_\_\_\_

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Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date Started: \_\_\_\_\_

***Always keep this form with you. More space next page.***

Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Directions: \_\_\_\_\_  
Reason for Taking: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Date Started: \_\_\_\_\_

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**IMMUNIZATION RECORD:  
(Include dates administered)**

- Tetanus \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Pneumonia Vaccine \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Flu Vaccine \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Hepatitis B Vaccine \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Other \_\_\_\_\_

***Always keep this form with you.***



**YAVAPAI REGIONAL  
MEDICAL CENTER**

*Proudly Caring for Western Yavapai County*