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Physicians

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Pharmacies

Name _____

Phone _____

Name _____

Phone _____

Date Card Completed _____

Immunizations

Pneumovax Last Dose _____

Influenza Last Dose _____

Tetanus Last Dose _____

Other _____

Personal Information

Name _____

Phone _____

Allergies _____

Emergency Contact

Name _____

Phone _____

Relationship _____



WINDHAM HOSPITAL
112 Mansfield Avenue
Willimantic, CT 06226
860.456.9116
www.windhamhospital.org



Filling out your wallet medication card

Carrying this card could save your life!

We developed this card to help you and your family remember all of the medicines you are taking. Giving your doctor, hospital, or other healthcare providers a complete list of your medicines helps them help you!

1. Always **keep this card with you**. Cut the card out, following the dotted lines, then fold it and keep it in your wallet, so it will be handy in case of emergency.
2. **Fill out the information** at the top of the form. *Emergency Contact*: List contacts in case you are too ill to provide emergency workers with information. Doctor and drug store information: this will make it easier for healthcare providers to determine where to direct questions that may arise. *Last Adult Immunizations*: write the month and year of your most recent vaccinations. *Allergies*: list all allergies that you have, including allergies to medications or foods.
3. **Fill out the medication record**. Write in all the medicines you take, and include the date you began taking the medication. Copy the name of the medicine and the amount from the label on the bottle or container. Include the dose you take, when you take it, and why you use the medication.

Be sure to **update this form** (or download a new one) when you change any of the information it contains. Take this form when you visit your doctor, enter the hospital, or go for medical tests.

For more information about diseases and conditions, visit our online health library at www.windhamhospital.org.

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MEDICATION RECORD

Be sure to include prescription and over-the-counter medicines, vitamins and supplements, herbal remedies, inhalers, IV solutions and blood factors.

Drug name / strength	Pill / Dose	Time of Day	Reason for taking	Date started	Date stopped



Excellent care. Closer to home.



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