How to fill out your foldable wallet medication card

Always keep this card with you and present it at all of your doctor appointments. Also, in case of emergency, this card could be of great help to the Emergency Medical Personnel.

Enter the following information:

- > Your name & phone number
- Emergency Contact & phone number
- Include the names & phone numbers of your other doctors
- > Enter your pharmacy information
- ➤ List all allergies-- including medication & food allergies
- Record dates of your most recent vaccinations
- > Include any other important / special medical information about yourself that would be important for your care team(s) to know
- > Fill out the **Medication Log** at the bottom of the form
 - Include all prescription medication, over-the-counter medication, vitamins, supplements, herbal remedies, etc.
 - > **Date**: record the approximate date that you started each medication
 - Medication / Strength: Include the full medication name and the dose (for example: Aspirin, 81 mg)
 - > Dose: How much of the medicine do you take each time (2 pills, 2 puffs, 1 drop, etc.)
 - > When do you take it: How many times per day do you take your medicine & when
 - > Reason: why do you take this medicine?

Update this form whenever there is a change to your medicine.

Bring your medication card to all doctor appointments, hospital visits, etc.





Other Important Information:		ALLERGIES: Accept accept lumunizations: Flu: Pneumonia:			Hematology-Oncology Associates of CNY 315 - 472 - 7504 Other Doctors: (Name & Phone)		Name:			
							Othe	Other:		
Start Date	Medication / Strength	Dose	When do	- Fold Hero	Start	Medication / Strength	Dose	When do		
			you take it?		Date	Wedication / Strength	Dosc	you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills	Once daily, AM	Heart	Date	Wedication / Strength	D 030	you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills		Heart	Date	Wedication / Strength	5030	you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills		Heart	Date	Wedication / Strength	5030	you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills		Heart	Date	Wedication / Strength		you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills		Heart	Date	Wedication / Strength		you take it?	Reason	
1/1/2001	Sample Medicine / 100 mg	2 pills		Heart	Date	iviedication / Strength		you take it?	Reason	