Fold this form and keep it in your wallet **Date form started:**

Name:	**Address:**
Phone Number:	
Birth Date:	
Emergency Contact/Phone numbers:	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)

TETANUS	FLU VACCINE(S)	
PNEUMONIA VACCINE	HEPATITIS VACCINE	**OTHER**

Allergic To /Describe Reaction:	**Allergic To /Describe Reaction:**

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE	**NAME OF MEDICATION / DOSE**	**DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)**	**DATE STOPPED**	**Notes: Reason for taking / Doctor Name**