

“Things you should know about
your medications”

1. What are brand and generic names of the product?
2. What is the purpose of the medication?
3. What does the medication look like?
4. What is the dosage?
5. How should I take this medication?
6. How often should I take it? What should I do if I miss a dose?
7. Does this medication have any side effects? What are they?
8. Does this medication interact with any other medications? With foods?
9. How should I store this medication?



Your home for healthcare

POCKET MEDICATION CARD

2200 West Illinois
Midland, Texas 79701
(432) 685-1111
www.midland-memorial.com

Name: _____
Date of Birth: _____
Weight: _____
Height: _____
Allergies: _____

Medical Record Number: _____
Pharmacy: _____

Primary Care Doctor: _____

Other Physicians: _____

Emergency Contact: _____

Medical Conditions:

- Asthma Heart Disease
 Diabetes Cancer
 Hypertension / High Blood Pressure
 Kidney Disease
 Other _____

Dates of last adult immunizations:

Pneumococcal Vaccine Given:

Date before age 65 -	Date after age 65 -
----------------------	---------------------

Influenza Vaccine Given: (Annually)

Flu Vaccine					
Site -					
Date -					

Tetanus/Diphtheria/Pertussis: _____

