LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: including prescriptions, over-the-counter medications (such as aspirin or antacids) and herbals (such as ginseng or gingko). Also include medication taken on an 'as needed' basis (such as nitroglycerin).

DATE	NAME OF MEDICATION & DOSE	DIRECTIONS (such as how many and how often)	Note: Reason for taking / Doctor's name
		,	



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"Things you should know about your medications"

- 1. What are the brand and generic names of the medication?
- 2. What is the reason why you are taking the medication?
- 3. What does the medication look like?
- 4. What is the dosage?
- 5. How should you take the medication? (for example with food, before you eat or after you eat, etc.)
- 6. How often should you take it? What do you do if you miss a dose?
- 7. Does this medication have any side affects? What are they?
- 8. Does this medication interact with any other medications? Does it interact with certain food?
- 9. How should you store this medication?



POCKET MEDICATION CARD

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Name:							
Date of Birth:							
Weight: Height:							
Allergies:							
Medical Record Number:							
Pharmacy:							
Primary Care Doctor:							
Other Doctors:							
Emergency Contact	:						
Medical Conditions	:						
□ Asthma□ Heart Disease□ Diabetes□ Cancer							
☐ Hypertension / High Blood Pressure							
☐ Kidney Disease							
☐ Other							
Date of last adult immunizations:							
Name of Pneumoco	ccal	Vacci	ne Give	n:			
Date before age 65-		Date after age 65 -					
Influenza Vaccine C	Give	n: (An	nually)				
Mist							
or Inj							
Site –							
Date -							
Tetanus/Diphtheria/Pertussis:							

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