CardioSD Universal Medication Form

Please bring this form to all office visits Name:			Date form started:		
Phone Number:		Address:			
Birth					
	nacy phone number:		Supply: 30day 90 day	/ (circle one	<u> </u>
Allergic To /Describe Reaction:		Drug Intolerance/Reaction			
Allerg	gic 10/Describe Reaction	•	Drug intolerance/itea	Ction	
DATE	NAME OF MEDICATION /	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)		DATE	Notes: Reason for taking /
	DOSE	Use patie	nt friendly directions. medical abbreviations \	STOPPED	
	DOSE	Use patie (Do not use	nt friendly directions. medical abbreviations.)		for taking / Doctor Name
	DOSE	(Do not use	nt friendly directions. medical abbreviations.)		
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CARDIOLOGY SPECIALISTS UNIVERSAL MEDICATION FORM

Patient:

- 1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
- 2. Write down all of the medicines you are taking and list all of your allergies.
- 3. Take this form to ALL doctor visits, when you go for tests and ALL hospital visits.
- 4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to keep it up-to-date.
- 5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
- 6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

HOW DOES THIS FORM HELP YOU?

- 1. This form helps you and your family members remember all of the medicines you are taking.
- 2. Provides your doctor(s) and others with a **current list of ALL of your medicines**. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
- 3. **Helps you** –concerns may be found and prevented by knowing what medicines you are taking.