MERIDIAN
INTERNAL MEDICINE AND PRIMARY CARE, INC.
we're all about YOU!

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UNIVERSAL MEDICATION FORM

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

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