

100 W. California Blvd Pasadena, CA 91109 (626) 397-5000

## PERSONAL MEDICATION RECORD

Name	
Address	
Phone	
Emergency Contact N	Name/Phone
Doctor's Name/Phone	·
Other Doctor's Name	/Phone
Pharmacy Name/Phon	ne
Allergies and Medi	ication Reactions:
<u>Vaccines</u>	<b>Date Last Received</b>
Pneumonia	
Flu	
Tetanus	
Conditions I am be	eing treated for:

## Prescription medications I am taking regularly or as needed.

MEDICATION NAME	DOSE	TIMES/DAY

Non-prescription medications I am taking regularly or as needed. (Include over the counter and herbal medications)

MEDICATION NAME	DOSE	TIMES/DAY
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Bring this with you to medical appointments and to the hospital. Keep copies where other can find them in an emergency in your purse or wallet.