Patient Medication List

Jefferson Healthcare

834 Sheridan
Port Townsend, WA 98368
www.jeffersonhealthcare.org

Emergency: Dial 911

fold on dotted lines

This card belongs to:

Name _____

Address _____

_____

Phone _____

❒ Medicare ❒ Medicaid ❒ DSHS
❒ Hospice ❒ Commercial

Caseworker
Name _____

Phone _____

Pharmacy _____

Pharmacy
Phone _____

Medication Reconciliation is important to your health

Use this card to:

- Keep a current list of prescription and over-the-counter medications, vitamins, and herbal supplements.
- List how many times each day you take each medication.
- Inform your doctor about allergies or reactions.
- Follow directions as prescribed.
- Learn what medications are for.
- Read the label carefully.
- Cross out any medications or doses that are changed.

Allergies

_____

_____

_____

_____

_____

Flu vaccine, date: _____

Pneumonia vaccine, date: _____

Doctor _____

Phone _____

Doctor _____

Phone _____

Doctor _____

Phone _____

Prescription Medications

Drug	Dose	Frequency

Prescription Medications

Drug	Dose	Frequency

Prescription Medications

Drug	Dose	Frequency

Over-the-counter Medications Vitamins, Herbals

Drug	Dose	Frequency