Name: _____

Date of Birth: _____

Medication and Food Allergies: _____

_____

St. Francis Hospital & Health Services

Medication Record

NAME OF MEDICATION	DOSE	FREQUENCY	SPECIAL INSTRUCTIONS	DATE STARTED	DATE STOPPED	PRESCRIBED BY
Example: Lovastatin (Mevacor)	20 MG	at bedtime	avoid grapefruit	11/04	3/05	Brian Golightly, MD

Help avoid medication problems by using this chart to keep an updated list of your medications. Remember to take your list to your doctor, pharmacist or hospital visit and keep an updated record of all prescriptions, vitamins, herbals, dietary supplements and over-the-counter medications that you are taking. Print blank forms at *stfrancishospital.com*.