Fold this form and keep it in your	wallet	Date form s	tarteu.			
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 VACCIN	E	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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