

Medication list

We care about your safety. Please put a copy of this card where others can find it, and keep a copy in your purse or wallet, on your refrigerator or in your glove compartment.

Name

Emergency Contact Name/Phone #

Primary Doctor Name/Phone #

Pharmacy/Phone #

Medicine including over-the-counter, supplements and herbals	Dose/Strength	How often?	Why do you take it?

Health history

Allergies

Medicine, peanuts, shellfish, latex or other

Date of most recent vaccination(s):

Organ donor? Yes No

Living will? Yes No

Health care Power of Attorney? Yes No

If yes, who should be called?

Name/Phone #

Other important health information

Last updated	

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