
Medical conditions/diagnoses: (e.g., asthma, diabetes, high blood pressure, etc.)

Allergies:

My Blood Type: _____

Other(s): _____

Flu: _____

Tetanus: _____

Pneumonia: _____

Date of most recent immunizations:

Phone: _____

Pharmacy:

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Doctors:

Phone: _____

Name: _____

Emergency Contact:

Phone: _____

City, State, Zip: _____

Address: _____

Name: _____

Get all of your prescriptions filled at the same pharmacy. Developing a relationship with your pharmacist will help them to identify drug interactions.

- ◆ Request large-print labels if you need them.
- ◆ Check new and re-filled medication labels carefully before you leave the pharmacy.

Ask the right questions about your prescriptions:

- ◆ What is the name of the medication and what is it supposed to do?
- ◆ How and when do I take it—and for how long?
- ◆ What food, drinks, other medications, vitamins or minerals, or activities should I avoid while taking this medication?
- ◆ Are there any side effects, and what should I do if they occur?
- ◆ Will this new prescription work safely with the other prescription and non-prescription medicines I'm taking?
- ◆ What should I do if I miss a dose?
- ◆ What's the best way to store this medication?

Medication Tracking Card



OFF BALANCE?

CHECK YOUR MEDS

At least once per year, ask your doctor or pharmacist to review your medications. Fill out this handy tracking card and keep it with you.



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www.srhd.org

My Medications



Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicine, vitamins, and herbal remedies at least once a year.

- ♦ For medications you take infrequently, be sure to check expiration dates!
- ♦ Taking four or more medications increases your risk for a fall.
- ♦ Pay particular attention to side effects, such as drowsiness, dizziness or weakness, when you start a new medication or change your dose.

Name of Medication	Strength or dose	Frequency				Reason	Start date	End date
		once a day	twice a day	3 times a day	at night			