

## Need to Know

### Allergies

**Allergic to:** \_\_\_\_\_

**Reaction:** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

**Reaction:** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

**Reaction:** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

**Reaction:** \_\_\_\_\_

- What is the name of each medicine?
- What is it for?
- What time should I take it?
- How much of it should I take each time?
- How should I take it?
- Should I take it with food?
- How long should I take it?
- What should I do if I miss a dose?
- Are there any side effects?
- What should I do if I have any?
- Is it safe to take with other medicine that I am taking, including over-the-counter medicine, vitamins or herbs?
- What food, drink or activities should I avoid while taking it?

## Physician, Pharmacy and Emergency Contacts

### Medical History

Please check those that apply:

- Asthma
- Heart disease
- Diabetes
- Cancer
- Kidney disease
- High blood pressure
- Other: \_\_\_\_\_

**Over-the-Counter Medications:**  
(Check those you use regularly)

- Allergy relief, antihistamines
- Antacids
- Aspirin/Acetomeniphen/Ibuprofen
- Cold/Cough medicines
- Diet pills
- Herbs/Dietary supplements
- Laxatives
- Sleeping pills
- Vitamins or minerals
- Other: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Hepatitis: \_\_\_\_\_

\_\_\_\_\_

Pneumonia Vaccine: \_\_\_\_\_

Flu Vaccine(s): \_\_\_\_\_

Tetanus: \_\_\_\_\_

## Immunization Record

Record the date and year  
of last dose taken, if known

### My Medication Card

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

My Medication Card is made  
possible by:



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