

Current Medications

(Include: prescriptions / over-the-counter / vitamins / supplements / herbals)

Name: Dosage (how much): How Often:

(fold here)

[illegible]

Pneumococcal Vaccine (date): _____

Influenza (flu) Vaccine (date): _____

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MEDICAL INFORMATION CARD

Carry this
card
with you.



It Just Might Save Your **Life!**



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MEDICAL INFORMATION CARD

Carry this **card** with you.

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Important **medical
information** for you.

Why is this information needed?

- The more you know about your medications, the more you will be in control of your health.
- The more information you can give to your healthcare providers, the safer you will be.
- And, in the case of an emergency, this information will be available to those taking care of you.
- Your family and healthcare providers can only work with the information they are given.

What do **You** need to do?

- Complete all the information on the card to the right, front and back.
- Detach the card along the perforated lines.
- Keep this information UP-TO-DATE. Anytime your medications change, update your card.
- Carry your medication card with you. Place it with other identification cards, such as license, insurance card, etc.
- Show this information to your family (spouse, children, etc.).
- Show this card to your healthcare providers at each visit.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

Doctor (1): _____

Phone: _____

Doctor (2): _____

Phone: _____

Pharmacy (1): _____

Phone: _____

Pharmacy (2): _____

Phone: _____

In case of an emergency, please notify:

Name: _____

Relationship: _____ Phone: _____

Allergies (drugs / food / other)

Current Medications as of (date): _____

(Include: prescriptions / over-the-counter / vitamins / supplements / herbals)

Name: _____ Dosage (how much): _____ How Often: _____

