Form #2327 (2/10) List your Allergies, Sensitivities, & Reactions here:		Form #2327 (2/10) List your Allergies, Sensitivities, & Reactions here:		& Reactions here:
What I Need to Know About Each Medication What is the name of each medication? What is it for? How much should I take, and when? How should I do if I miss a dose? What should I do if I miss a dose? Are there any side effects? What should I do if I have side effects? What should I do if I have side effects? What should I do if I have side effects? What should I do if I have side effects? What should I do if I have side effects? What should I do if I have side effects? What food, beverages, or activities should I avoid while taking it?	www.drugs.com www.safemedication.com	What I Need to Know About Each Medication What is the name of each medication? What is it for? How much should I take, and when? How 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 side effects? What should I do if I have side effects? What should I do if I have side effects? What food, beverages, or activities should I avoid while taking it?	www.drugs.com www.safemedication.com	About Each Medication What is the name of each medication? What is it for? How much should I take, and when? How 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 side effects? What should I do if I have redication I am taking, including over-the-counter medications, vitamins, or herbals? What food, beverages, or activities should I avoid while taking it?

\bout Each Medication What I Need to Know

- at is the name of each medication?
- at is it for?
- v much should I take, and when?
- v should I take it? With food?
- v long should I take it?
- at should I do if I miss a dose? there any side effects?
- safe to take with other medication taking, including over-the-counter lications, vitamins, or herbals?
- at food, beverages, or actiivities uld I avoid while taking it?

\bout Each Medication What I Need to Know

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- v much should I take, and when?
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- at is the name of each medication?
- at is it for? v much should I take, and when?
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- there any side effects?
- at should I do if I have side effects? safe to take with other medication ications, vitamins, or herbals? taking, including over-the-counter
- at food, beverages, or actiivities uld I avoid while taking it?

www.safemedication.com www.drugs.com

Your Know Medications

Name

Dr's Name

Pharmacy Name

Pharmacy Phone Number



Your Know Medications

Name

Dr's Name

Pharmacy Name

Pharmacy Phone Number

Munson Healthcare

Cut to 7" x 3.5"

Know Your Medications

Name

Dr's Name

Pharmacy Name

Pharmacy Phone Number

WMUNSON HEALTHCARE

Form #2327 (2/10)

Name Dose Frequency	_	Name Dose Fr	equency	Name ———————	Dose	Frequency	
	- - - - -						
Pneumonia Vaccination Received: month/year)	Fold on line:	Pneumonia Vaccination Received: (month/year)	Fold on lines	Pneumonia Vaccin (month/year)			
nfluenza Vaccination Received: month/year)	-	Influenza Vaccination Received: (month/year) Tetanus Vaccination Received:		Influenza Vaccination Received: (month/year) Tetanus Vaccination Received:			
month/Year)	_ \\	(month/Year)	*	(month/Year)			
Routine "Over-the-Counter" —— Medications:		— Routine "Over-the-Counter Medications:		— Routine "Over-the-Counter" Medications:			
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