Medication Log

Medication	Dosage	Times / Day	Prescriber / Notes

Patient Information

Name:_____
Date of Birth:_____
Home Address:_____
_____
Phone:_____
Physician:_____
Phys Phone:_____
Pharmacy:_____
Pharm Phone:_____
Emergency Contact:_____
_____

Medical History

1)_____
2)_____
3)_____
4)_____
5)_____
6)_____
7)_____
8)_____
9)_____
10)_____

Medication Allergies

_____
_____

Civista Medical Record

_____

Vaccinations

(Please note the dates of immunization)

Influenza:_____
_____
Pneumonia:_____
Tetanus:_____
Other:_____

Over-the-Counter Medications

- ☐ Allergy Relief/Antihistamines
- ☐ Cough/Cold Medications
- ☐ Aspirin/Other Pain
- ☐ Antacids
- ☐ Laxatives
- ☐ Sleeping Pills
- ☐ Diet Pills
- ☐ Herbal/Dietary
  - ☐ St. John's Wort
  - ☐ Ginko Biloba
- ☐ Other (list on Medication Log)

CIVISTA Health

We are Partners in Safety

What Can You Do?

Please carry this list of your home medications with you at all times.

Medication errors are a primary cause of complications in healthcare.

Emergencies can occur and this information is critical for the health-care provider to avoid adverse reactions related to medications that may be new for you during your treatment at our hospital.

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