

MY MEDICINE LIST

Keep this form with you to share with healthcare providers who care for you.

Name		Date of Birth			Allergic to: (list and describe reaction)				
Emergency Cont	act/Phone								
Doctor/s									
Pharmacies, other	er sources								
Immunization	Record (Record th	ne date/year	of last dose tak	(en)	Flu Va	ccine/s			
Pneumonia vaccine Tetanus		Не		Hepati	Hepatitis Vaccine		Other		
List all medicir	nes you are curre	ntly taking	. Include prescr	iptions (ex	amples:	pills, inhalers, cr	eams, shots),	over-th	e-counter medications
	-		•	•	-	•	•		croglycerin, inhalers)
START DATE	NAME OF MEDIC	CATION	DOSE		DIREC	TIONS	DATE STO	PPED	NOTES
				How do yo	ou take it? \	When? How often?			Reason for taking?
Please list prior s	surgeries/medical co	onditions -							



My Medical Imaging History

Willis-Knighton Health System proudly participates in both the Image Wisely and Image Gently programs. Remember, be sure to tell the doctor or the imaging technologist if you are, or might be, pregnant before having an exam. For more information, visit www.ImageWisely.org and www.ImageGently.org.

Date	Exam	Facility Where Exam Performed

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Date	Exam	Facility Where Exam Performed