



# UNIVERSAL MEDICATION FORM

<b>IMMUNIZATION RECORD</b> (Record the last dose taken)
TETANUS
PNEUMONIA VACCINE
FLU VACCINE
HEPATITIS VACCINE

Comments/Other Information	

## PATIENTS:

1. **Always keep this form with you.**
2. **Take this form to ALL doctor visits and ALL medical testing** (lab, x-ray, MRI, CT, etc). Take this form to ALL pre-assessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, outpatient visits).
3. **Update this form whenever changes are made to your medications.** If you stop taking a medication, draw a line through it and record the date it was stopped. If you need assistance, ask a Physician, Nurse or Pharmacist to help you fill out this form.
4. In far right column, list the reason you take the medication (high blood pressure, high blood sugar, high cholesterol) and the name of the doctor who told you to take this medication.
5. Tell your family, friends and neighbors about the benefits of using this form.
6. When you are discharged from the hospital, someone will talk with you about which medications to take and which to stop taking. Since medication changes are often made after a hospital stay, a new UMF form should be filled out for you. **When you return to your doctor, take your new form with you.**

## HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family keep track of all of the medicines you take.
2. It provides your doctor(s), pharmacist and others with a current list of ALL of your medicines. Doctors and Pharmacists need to know all herbs, vitamins, and over-the-counter medicines you take!
3. Keeping close track of the medications you take greatly reduces the chance of medication errors, adverse reactions and other problems.

**To download or print more copies of the Universal Medication Form, visit the Texas Pharmacy Association web site at [www.rxpert.org](http://www.rxpert.org).**