

## How To Fill Out Your Wallet Medication Card (Below)

*The Card in Your Wallet That Could Save Your Life!*

This wallet medicine card was created to help your family and you keep a record of all medicines you are taking. Giving your doctor, hospital, or other healthcare workers a complete list of medicines helps them take better care of you.

1. **Always keep this card with you.** Fold it and keep it in your wallet, so it will be handy in case of an emergency.
2. **Fill out the information at the top of the form:**
  - Emergency contact: Write the name and phone number of the person that you would want to be called in case of an emergency. It is important to list this person in case you are too ill to provide emergency medical workers with information.
  - Doctor and pharmacy or drug store information: Write the name and phone number of each of your doctors and each pharmacy where you get your prescriptions filled. This information will make it easier for your doctor or other healthcare workers to figure out who to call with questions about your medicines, if you can't answer questions.
  - Last adult immunizations: Write the month and year of your most recent vaccinations (for example: flu or tetanus shot).
  - Allergies: List all allergies that you have, including allergies to medicines and to food.
  - Other important information: List any other information you think a doctor may need to take care of you, including any conditions you have, such as diabetes or high blood pressure, or if you have a pacemaker or have had a knee or hip replaced.
3. **Fill out the information at the bottom of the form:**
  - Write down **ALL** medicines you take (a list of the kinds of medicines to include is provided at the top of the form).
  - Start date: Write the date you began taking each medicine. If you don't know the date, list the month that you began taking the medicine (or the year if you have been taking the medicine for a long time).
  - Drug name and amount: For each of your medicines, copy the name of the medicine and amount from the label on the medicine bottle or other container (for example, aspirin 40 mg).
  - Dose: Write how much of the medicine you take each time (for example, 2 pills, 3 drops, 2 puffs).
  - When do you take it: Write how many times a day you take the medicine, what time of day you take it, and if you take it before or after meals.
  - Reason you are taking: Write the reason your doctor said you need the medicine (for example, for your heart).
4. **Change this form when you change any medicine:**

Take this form to all doctor visits, all hospital visits and when you go for any medical tests. Write down any changes made to your medicines; cross out any medicines that you have stopped taking, add new medicines, or change the dose.

*This form was created for you by the State of Connecticut Department of Public Health (DPH) through a collaboration with the DPH Quality in Healthcare Advisory Committee and Best Practices Subcommittee, Connecticut Hospital Association (CHA), Qualidigm, Connecticut's Quality Improvement Organization, Connecticut Healthcare Research and Education Foundation Patient Safety Organization (CHREF PSO), Qualidigm PSO and the Connecticut Association for Home Care, Inc.*

