

Your Personal Information :

Name _____

Phone _____

Medication Allergies :

Provider Name

Provider Phone _____

Provider Name

Provider Phone _____

Immunizations :

Influenza (last dose) _____

Tetanus/Tdap (last dose) _____

MMR 1) _____ 2) _____

Varicella 1) _____ 2) _____

Meningitis 1) _____ 2) _____

Pharmacy :

Name _____

Phone _____

Emergency Contact :

Name _____

Phone _____

Relationship _____

**PERSONAL POCKET
 MEDICATION CARD**



**UNIVERSITY
 HEALTH SERVICES**

**UHS Main Campus
 (513) 556-2564**

**UHS Medical Campus
 (513) 584-4457**

UHS Pharmacy (513) 556-6091

Smart Tip: Place this card directly behind your drivers license or photo ID when storing in your wallet. In the event of an accident this information will be valuable to emergency responders.

	1/1/06	2 pills, twice a day with meal	Medicine 40 mg (sample)

MEDICATION RECORD

Drug Name & Strength _____

Pill/ Dose _____

Date Started _____

Date Stopped _____

What medications should be included?
 Prescription medicines (including birth control medications)
 Over-the-Counter medicines
 Vitamins - Herbal remedies - Nutrition pills -
 Respiratory therapy medications (such as inhalers)

Insurance Carrier _____

Group # _____

Member ID # _____

Name on Card _____

RX Carrier _____

RxBin # _____

RXGrp # _____

ID # _____

PCN # _____

Cut along dotted line

Fold in half before folding in thirds

Please note: It is important to record the name listed on the insurance and RX card exactly as it appears on the card. The Insurance card or copy of card (front and back) and photo ID should always be presented at the time of your visit to UHS.