# Medicine Tracker

Share this information with your health care providers at each visit

Patient Name

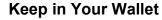
Pharmacy Name and Phone

Medicine Name	Form (pill, injection, etc.)	How much and when	Prescribing Doctor	Reason for taking	Start/Stop Dates	
Remember to include ALL medicines: prescription, over-the-counter, vitamins, dietary supplements						



Lost track of your meds? Think you may have taken a double dose? Call the poison center at **I-800-222-1222** to speak with a nurse or pharmacist anytime, day or night.





Pharmacy Phone #

Marvland

UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY

My Pharmacy

Second Fold Here

**Emergency Contact Phone #** 

**My Emergency Contact** 

My Phone #

My Name

, , ,		Is it safe to take it with other
Other Health Care Pr	oviders & Phone Numbers	Are there any side effects?
Care Provider	Phone #	
		Sgnol wod rot bnA
Care Provider	Phone #	fi saka I bluods nadw bns woH
Critical health issues:		What is my medicine called and what does it do؟
		Questions to ask your Health Care Provider

### **My Health Information**

Phone #

What Type of Reaction I have from it.

What Type of Reaction I have from it.

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**My Primary Doctor:** 

Allergies:

Name of Medicine

Name of Medicine

Name of Medicine

Other Allergies (non-medicine related):

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## 6. Can I stop taking it if I feel f sumetiv to semioidem S 7 3 Take off clothing the poison touched. 7 τ nosio<sup>4</sup> beledni

519H9d

#### **Brinozio9 rot biA fzri3**

Health &

**Medication** 

POISON

1-800-222-122

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.semut Get to fresh air right away and avoid

Open doors and windows wide.

#### Poison on the Skin

Wash off with soap and water. Rinse skin with running water.

#### Poison in the Eye

eye tor 10 min. Run lukewarm (not hot) water over

Do not torce the eyelid open.

#### nosio9 bewollew2

or eat unless told by a poison expert. Do not make the person vomit, drink,