



“Things you should know about your medications”

1. What are the brand and generic names of the medication?
2. What is the reason why you are taking the medication?
3. What does the medication look like?
4. What is the dosage?
5. How should you take the medication? (for example – with food, before you eat or after you eat, etc.)
6. How often should you take it? What do you do if you miss a dose?
7. Does this medication have any side effects? What are they?
8. Does this medication interact with any other medications? Does it interact with certain food?
9. How should you store this medication?



POCKET MEDICATION CARD

400 Rosalind Redfern Grover Parkway  
Midland, Texas 79701  
(432) 221-1111  
[www.midland-memorial.com](http://www.midland-memorial.com)

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_  
Primary Care Doctor: \_\_\_\_\_  
Other Doctors: \_\_\_\_\_,  
\_\_\_\_\_  
Emergency Contact: \_\_\_\_\_,  
\_\_\_\_\_

Medical Conditions:

- Asthma
- Heart Disease
- Diabetes
- Cancer
- Hypertension / High Blood Pressure
- Kidney Disease
- Other \_\_\_\_\_

Date of last adult immunizations:

Name of Pneumococcal Vaccine Given:

Date before age 65-	Date after age 65 -
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Influenza Vaccine Given: (Annually)

Mist or Inj					
Site -					
Date -					

Tetanus/Diphtheria/Pertussis: